Butte Falls School District
Office Referral Form
Grades 7-12

Name: _____

Date: _____ Time: _____

Teacher: _____

Grade: 8 9 10 11 12

Referring Staff: _____

Location

- ☐ Courtyard
- ☐ Cafeteria
- ☐ Hallway
- ☐ Classroom
- ☐ Off Campus
- ☐ Special Events
- ☐ Other: _____
- ☐ Library
- ☐ Bathroom
- ☐ Parking Lot
- ☐ Commons
- ☐ Offices
- ☐ Classroom

Parent/Guardian contacted by referring staff: _____

Problem Behavior

Minors

- ☐ Inappropriate Verbal Language
- ☐ Physical Contact
- ☐ Defiance/Disrespect/Non-Compliance
- ☐ Disruption
- ☐ Property misuse/Damage
- ☐ Other_____

Majors

- ☐ Abusive Language/Inappropriate Language
- ☐ Fighting/Physical aggression
- ☐ Defiance/Disrespect/Insubordination/Non-Compliance
- ☐ Lying/Cheating
- ☐ Harassment/Sexual/Bullying
- ☐ Disruption
- ☐ Skip Class/Truancy
- ☐ Property Damage/Vandalism/Fire
- ☐ Theft/Forgery
- ☐ Gang Related Activity
- ☐ False Alarm
- ☐ Drugs/Tobacco/Alcohol and/or Paraphernalia
- ☐ Weapons
- ☐ Other_____

Previous Interventions

- ☐ Reminders
- ☐ Private talk with student
- ☐ Time Out – Removed from Class
- ☐ Contact Parent
- ☐ Buddy Room
- ☐ Other_____

Administrative Decision

- ☐ Loss of Privilege
- ☐ Time in Office
- ☐ Conference with Student
- ☐ Parent Contact
- ☐ Lunch Detention
- ☐ In-School Detention Date(s): _____
- ☐ Out of School Suspension Date(s): _____
- ☐ Expulsion Recommended: _____
- ☐ Other: _____

Other involved in incident: ☐ None ☐ Peers ☐ Staff ☐ Teacher ☐ Substitute ☐ Unknown ☐ Other

If peers were involved, list them: _____

Describe the incident: _____

_____

_____

_____ _____

Administrator/Designee Signature Date Parent/Guardian Signature Date

_____

Student Signature Date Copies given to : ___ Office ___ Teacher ___ Student ___ Parent