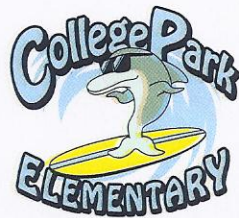


**COLLEGE PARK ELEMENTARY SCHOOL**



**Office Referral Form**

Name: _____ Date: _____ Time: _____ Teacher: _____ Grade: K    1    2    3    4    5    6 Referring Staff: _____	<p align="center"><b>Location</b></p> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Lunch Area <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Other _____
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<b>Minor Problem Behavior</b>	<b>Major Problem Behavior</b>	<b>Possible Motivation</b>
<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Physical Contact <input type="checkbox"/> Tardy <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Electronic Violation <input type="checkbox"/> Property Damage <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Dress Code <input type="checkbox"/> Theft <input type="checkbox"/> Other _____	Get: <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity Avoid <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity <input type="checkbox"/> Other _____ _____

<b>Action Taken</b>	
<input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Contact <input type="checkbox"/> Individualized Instruction	<input type="checkbox"/> Apology Note <input type="checkbox"/> Writing Assignment <input type="checkbox"/> In-School Suspension (____hours/days) <input type="checkbox"/> Out-of-School Suspension (____hours/days) <input type="checkbox"/> Other _____

**Others involved in incident:**     None     Teacher     Substitute     Unknown  
     Peers     Staff     Other \_\_\_\_\_

**Other Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Parent Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_