



Hedges School Behavior Referral Form

Student Name		Entered to SWIS <input type="checkbox"/> Yes
Referring Staff	Classroom	Grade
Date	Time	
Location (List one)	<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bus <input type="checkbox"/> Gym <input type="checkbox"/> Office <input type="checkbox"/> Restroom <input type="checkbox"/> Commons <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Off-Campus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Computer Lab <input type="checkbox"/> Assembly/Field Trip <input type="checkbox"/> Parking Lot Other: _____	
Problem Behavior Major (Choose three or less & # severity, 1= main behavior)	<input type="checkbox"/> Defiance/Insubordination/Non-compliance <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Abusive Language/Inappropriate Language/Profanity <input type="checkbox"/> Tardy <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Fighting <input type="checkbox"/> Theft <input type="checkbox"/> Technology Violation <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Other _____	
Problem Behavior Minor (Choose three or less & # severity, 1= main behavior)	<input type="checkbox"/> Defiance <input type="checkbox"/> Physical Contact <input type="checkbox"/> Disruption <input type="checkbox"/> Disrespect <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Other _____	
Perceived Motivation (Choose only 1)	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Avoid Tasks/Activities <input type="checkbox"/> Obtain Item/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
Others Involved (Choose only 1)	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Action Taken (Choose three or less)	<input type="checkbox"/> Alternative Placement <input type="checkbox"/> Time Out/Detention <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> In-School Suspension (½ day increments): ____ days <input type="checkbox"/> Out of School Suspension (½ day increments): ____ days <input type="checkbox"/> Parent Contact (contact type: _____) <input type="checkbox"/> Time in Office <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Restitution <input type="checkbox"/> Community Service <input type="checkbox"/> Other Action Taken _____	
Seclusion/Restraint	<input type="checkbox"/> None <input type="checkbox"/> Seclusion <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion & Restraint	
Brief description of incident		