Behavior Referral Form Charles R. Bugg Creative Arts and Science Elementary Magnet School

Student Name Grade Gender	
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Referring Staff	Date	Time
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Location:
Classroom
Playground
Restroom Area
Cafeteria
Other_____

Minor Problem Behavior (s):	Major Problem Behavior (s):				
↑ Inappropriate Language	↑ Aggressive Language/Threats				
Physical Contact	† Fighting				
↑ Defiance/Noncompliance	† Bullying (Verbal/Social)				
† Disruption	↑ Inappropriate Touch				
† Disrespect	↑ Overt Defiance/Noncompliance				
† Dishonesty	Overt Disruption				
Property Misuse	† Overt Disrespectfulness				
† Horseplay	† Overt Dishonesty				
† Other	↑ Theft				
	† Vandalism				
<u>Teacher Intervention(s)</u> :	† Harassment				
↑ Conference with Student	Pattern of Minor Referrals				
↑ Loss/Modified Privilege(s)	↑ Other				
† Time Out					
↑ Think/Reflection Sheet	Administrator's Interventions:				
Parent Contact/Conference	↑ Conference with Student				
↑ Fix-It Plan	↑ Time Out in Supervised Area				
† Behavior Contract	Parent Contact				
† Other	† Loss/Modified Privilege(s)				
	↑ In School Suspension (Hours/Days)				
Tracking:	† Out of School Suspension (Days)				
• Is this behavior a pattern? Yes No	↑ Referral to Counselor or Other Adult				
• Has this student had three or more minor	Referral to Outside Counselor				
referrals for this behavior? Yes No	↑ Other				
If this student has had three or more minor					
referrals, please check the box under "Major					
Problem Behavior".					
Others Involved: † None † Peers † Staff † Teac					
<u>Possible Motivation</u> : \uparrow Attention from Peer(s) \uparrow Att					
Adult(s) \uparrow Avoid given task (s) \uparrow Obtain item(s) \uparrow	Unknown ↑ Other				
Describe what happened:					
↑ I would like a conference with the teacher	\therefore 1 would like a conference with the				
administrator.					

Parent's Signature	Date
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White—Office Yellow—Parent/Guardian Pink—Teacher Gold---SWIS Database Manager