

**Monterey Peninsula Unified School District
DISCIPLINE REFERRAL FORM**

STUDENT INFORMATION:

School: Click here to enter text.

Grade Level: Click here to enter text.

Date: Click here to enter a date.

Name: Click here to enter text.

Position: Click here to enter text.

Time: Click here to enter text.

Referring Staff: Click here to enter text.

Parent Signature _____

Major:

Minor:

LOCATION:

- | | | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Classroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Hallway | <input type="checkbox"/> Library |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> PE Area | <input type="checkbox"/> Playground | <input type="checkbox"/> Quad | <input type="checkbox"/> Restroom | <input type="checkbox"/> Other |

PROBLEM BEHAVIOR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Abusive Language | <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Gang Activity/Harassment/Display |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Extortion/Robbery | <input type="checkbox"/> Fighting | <input type="checkbox"/> Cut Class One or More Periods |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Hate Act | <input type="checkbox"/> Tardy Sweep | <input type="checkbox"/> Cheating/Forgery/Lying |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Technology Violation | <input type="checkbox"/> Theft | <input type="checkbox"/> Use/Possession of Alcohol |
| <input type="checkbox"/> Use/Possession of Controlled Substances or Drugs | <input type="checkbox"/> Use/Possession of Tobacco/Smoking | <input type="checkbox"/> Selling Controlled Substances | <input type="checkbox"/> Other: Click here to enter text. |
| <input type="checkbox"/> Use/Possession of Dangerous Object or Weapon | <input type="checkbox"/> Vandalism/Destruction of Property | | |

INCIDENT DESCRIPTION:

Click here to enter text.

OTHERS DIRECTLY INVOLVED:

- | | | | | |
|--|------------------------------------|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Peers | <input type="checkbox"/> Staff | <input type="checkbox"/> Substitute | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer | <input type="checkbox"/> None | <input type="checkbox"/> Other: Click here to enter text. | |

POSSIBLE MOTIVATION:

- | | | | | |
|--|---------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Avoid Activity | <input type="checkbox"/> Avoid Adult | <input type="checkbox"/> Avoid Peers | <input type="checkbox"/> Avoid Task | <input type="checkbox"/> Get Peer Attention |
| <input type="checkbox"/> Obtain Activities | <input type="checkbox"/> Obtain Items | <input type="checkbox"/> Get Adult Attention | <input type="checkbox"/> Don't Know | |

INTERVENTIONS PRIOR TO OFFICE DISCIPLINE REFERRAL:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Counseling by Community Agency | <input type="checkbox"/> Counseling by Counselor | <input type="checkbox"/> Detention | <input type="checkbox"/> Parent Conference |
| <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Referral to Family Service Specialist | <input type="checkbox"/> Referral to School Psychologist | <input type="checkbox"/> Seat Change |
| <input type="checkbox"/> Social Skills/Group Counseling | <input type="checkbox"/> Teacher Student Conference | <input type="checkbox"/> Time-Out | <input type="checkbox"/> Other: Click here to enter text. |

ADMINISTRATIVE DECISION: Please complete length of consequence for items marked with asterisk (*)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Behavior Contract | <input type="checkbox"/> Behavior Support Plan | <input type="checkbox"/> Campus Beautification | <input type="checkbox"/> Conference with student |
| <input type="checkbox"/> Detention* | <input type="checkbox"/> In-School Suspension* | <input type="checkbox"/> Individualized Instruction Int. | <input type="checkbox"/> Loss of Privilege* |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Out of School Suspension* | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Parent Contact |
| <input type="checkbox"/> Peer Mediation | <input type="checkbox"/> Referral to Agency for Counseling | <input type="checkbox"/> Referral to In-School Counseling | <input type="checkbox"/> Saturday School* |
| <input type="checkbox"/> Time in Office* | <input type="checkbox"/> Other: Click here to enter text. | | |

Length of Consequence (Days, Hours, Minutes): Days Hours Minutes

If Student has multiple referrals, Referred To:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family Service Specialist (SAP) | <input type="checkbox"/> Student Attendance Review Team (SART) | <input type="checkbox"/> School Attendance Review Board (SARB) |
| <input type="checkbox"/> Student Success Team (SST) | <input type="checkbox"/> Other: Click here to enter text. | |

SUMMARIZE STUDENT DEBRIEFING/RECOMMENDATIONS:

[Click here to enter text.](#)