NEW HAVEN UNIFIED SCHOOL DISTRICT
Student Misconduct Referral / Level 1

Student Information	Description of Misbehavior
Student's Name _____	_____
Student ID _____ Room _____	_____
Grade _____ Date _____	_____
Time _____ Location _____	_____
Special Ed ☐ YES ☐ NO 504 ☐ YES ☐ NO	
Staff Member's Name	

Misbehavior Checklist
(To Be Completed By Staff Member)

- ☐ Abusive Language
- ☐ Arguing
- ☐ Cutting In Line
- ☐ Disruptive Classroom Behavior
- ☐ Found in Off-Limits Places
- ☐ Gum Chewing
- ☐ Inappropriate Use of Play Equipment
- ☐ Littering
- ☐ Name Calling
- ☐ Not Playing Fairly / Not Taking Turns
- ☐ Not Responding to Bell
- ☐ Playing After the Bell
- ☐ Playing in the Restroom
- ☐ Playing While in Line
- ☐ Possession of Inappropriate Objects
- ☐ Profanity / Swearing
- ☐ Race / Ethnic Slurs
- ☐ Rough Play
- ☐ Running in Walk Areas
- ☐ Spitting
- ☐ Throwing Objects
- ☐ Unkind to Peers
- ☐ Unsafe Behavior

Location Checklist
(To Be Completed By Staff Member)

- ☐ Classroom
- ☐ Restroom
- ☐ Cafeteria
- ☐ Multipurpose Room
- ☐ Playground
- ☐ Hallway
- ☐ Blacktop
- ☐ Grass Area
- ☐ Bus Stop
- ☐ Media Center
- ☐ Computer Lab
- ☐ Office

Possible Motivation
(To Be Completed By Staff Member)

- ☐ Obtain Peer Attention
- ☐ Obtain Adult Attention
- ☐ Obtain Items / Activities
- ☐ Avoid Tasks / Activities
- ☐ Avoid Peer(s)
- ☐ Avoid Adult(s)
- ☐ Don't Know
- ☐ Other: _____

_____

Comments:
(To Be Completed By Staff Member)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Action Taken By Staff Member:

☐ Conference Held With Student / Warning

Date _____ Time _____

☐ Recess Detention / Benched

Date _____ Time _____

☐ Time Out

Date _____ Duration _____

☐ Parent Contact

Date _____ Time _____

☐ Conflict Manager / Peacemaker Referral

Date _____ Time _____

☐ Classroom Management Program / Behavior Contract

This student has accumulated _____ referrals to date.

This document is to be signed by a parent or guardian and returned to your child's teacher.

Teacher Signature _____ Date _____ Parent Signature _____ Date _____

☐ I need to talk to the student's teacher. ☐ I need to talk to the administrator.

H:\PUPILSVC\EXPLSNS\Templates\Referral_Level1.doc

DISTRIBUTION: **White:** Parent **Yellow:** Administration **Pink:** Teacher