



NEW HAVEN UNIFIED SCHOOL DISTRICT

Student Misconduct Referral / Level 2



Referring Staff Member		Description of Misbehavior
Student Information		
Student's Name _____		
Student ID _____ Room _____		
Grade _____ Date _____		
Time _____ Location _____		
Special Ed <input type="checkbox"/> YES <input type="checkbox"/> NO 504 <input type="checkbox"/> YES <input type="checkbox"/> NO		
This student has accumulated _____ referrals to date.		
Misbehavior Checklist (To Be Completed By Staff Member)	Location Checklist (To Be Completed By Staff Member)	
<input type="checkbox"/> Defiance / Disrespectful [DEF] <input type="checkbox"/> Found Off Grounds [SAFE] <input type="checkbox"/> Harassment / Intimidation [HARR] <input type="checkbox"/> Inappropriate Behavior [INAP] <input type="checkbox"/> Physical Altercation [4] <input type="checkbox"/> Property Damage [PROP] <input type="checkbox"/> Rough Play [RFPL] <input type="checkbox"/> Taking Other's Property [TAKE] <input type="checkbox"/> Threatening Peers [THRT] <input type="checkbox"/> Throwing Dangerous Objects [SAFE] <input type="checkbox"/> Unnecessary Physical Contact [UPCO] <input type="checkbox"/> Unsafe Behavior [SAFE]	<input type="checkbox"/> Classroom Room: _____ <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Multipurpose Room <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Blacktop <input type="checkbox"/> Grass Area <input type="checkbox"/> Bus Stop <input type="checkbox"/> Media Center <input type="checkbox"/> Computer Lab <input type="checkbox"/> Office	
Possible Motivation (To Be Completed By Staff Member)		
<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Obtain Items / Activities <input type="checkbox"/> Don't Know <input type="checkbox"/> Avoid Tasks / Activities <input type="checkbox"/> Other: _____		
		Previous Parent Contact Date Time
Parent Comments		

Action Taken By Administrator

<input type="checkbox"/> Conference with Student	(CONF)	Date _____	Time _____	
<input type="checkbox"/> Campus Beautification		Date _____	Time _____	
<input type="checkbox"/> Before School Detention Assigned	(DET)	Date _____	Time _____	
<input type="checkbox"/> Lunch Detention Assigned	(DET)	Date _____	Time _____	
<input type="checkbox"/> After School Detention Assigned	(DET)	Date _____	Time _____	
<input type="checkbox"/> Alternative Center / Reach Center Assigned	(DET)	Date _____	Time _____	Return _____
<input type="checkbox"/> Saturday School Assigned		Date _____	Time _____	
<input type="checkbox"/> Suspension (See Completed Suspension Form)	(SUSP)	Date _____	Time _____	Return _____
<input type="checkbox"/> Parent Contact	(PRCO)	Date _____	Time _____	
<input type="checkbox"/> Student Success Team Meeting		Date _____	Time _____	
<input type="checkbox"/> Other _____				

This document is to be signed by a parent or guardian and returned to the school's administration

Administrator Signature _____ Date _____ Parent Signature _____ Date _____

I need to speak with the student's teacher. I need to speak with the administrator