

# Dallas School District Elementary Referral Form

Student: \_\_\_\_\_ Referred By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Recorded ☐

<b>LOCATION: (choose one)</b> <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Outside, dismissal or arrival <input type="checkbox"/> Bathroom <input type="checkbox"/> Media Center <input type="checkbox"/> Computer Lab <input type="checkbox"/> Gymnasium <input type="checkbox"/> Office <input type="checkbox"/> Other _____	<b>STUDENT: (choose one)</b> <input type="checkbox"/> Was asked to do something <input type="checkbox"/> Resisted transition <input type="checkbox"/> Could not get desired item/activity <input type="checkbox"/> Was emotional or upset <input type="checkbox"/> Was provoked by another student <input type="checkbox"/> Other _____  <b>MOTIVATION (choose one)</b> <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain teacher attention <input type="checkbox"/> Obtain item/activity <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult <input type="checkbox"/> Unclear/don't know	<b>BEHAVIOR (choose one)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>I. Offenses Disrupting The Learning Environment</b>  <input type="checkbox"/> Insubordination           <ul style="list-style-type: none"> <li>• Cheating/ dishonesty</li> <li>• Safety violation</li> </ul> <input type="checkbox"/> Disruptive Conduct           <ul style="list-style-type: none"> <li>• Violation of Classroom Rules</li> <li>• Profane words or actions</li> <li>• Loud, disruptive behavior</li> </ul> <input type="checkbox"/> Other: _____         </div> <div style="width: 48%;"> <b>III. Property Offenses</b>  <input type="checkbox"/> Theft  <input type="checkbox"/> Damage  <input type="checkbox"/> Vandalism  <input type="checkbox"/> Other: _____         </div> </div>  <b>II. Offenses Against Persons</b> <input type="checkbox"/> Aggressive Behavior/Fighting <ul style="list-style-type: none"> <li>• Kicking/Tripping</li> <li>• Hitting/Slapping</li> <li>• Attempt to Injure</li> </ul> <input type="checkbox"/> Harassment <input type="checkbox"/> Threatening <input type="checkbox"/> Other: _____
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**DESCRIPTION OF INCIDENT** \_\_\_\_\_

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## ACTIONS TAKEN

<b>Parent Contact:</b> Date: _____ Time: _____ Made by: _____	<b>Student Assignment:</b> <input type="checkbox"/> Letter <input type="checkbox"/> Written Summary <input type="checkbox"/> School Assignment <input type="checkbox"/> Call Parent	<b>Referral To:</b> <input type="checkbox"/> Counselor <input type="checkbox"/> School Intervention Team <input type="checkbox"/> Mental Health <input type="checkbox"/> Intervention Specialist	<b>Administrative Action:</b> <input type="checkbox"/> Level 1: Warning <input type="checkbox"/> Level 2: Loss of privilege, student assignment <input type="checkbox"/> Level 3: In-school suspension, parent conference <input type="checkbox"/> Level 4: Suspension 1-3 days <input type="checkbox"/> Other: _____
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**COMMENTS:** \_\_\_\_\_

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**Administrator's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Routing: Referring Staff: ☐ Classroom Teacher: ☐ Counselor: ☐ Principal: ☐