

CDI/Afterschool Discipline Referral Form

Name: _____ **Location** *Write offense number on the line.*
Offense Number: 1 ___ 2 ___ 3 ___ Playground _____ Library _____
Teacher: _____ Cafeteria _____ Bathroom _____
Grade: Pre-K K 1 2 3 4 5 Hallway _____ Bus _____
Referring Staff: _____ Classroom _____ Other _____

Incident *Write offense number on the line.*

Problem Behavior	Possible Motivation	Administrative Decision
Minor <input type="checkbox"/> Inappropriate language _____ <input type="checkbox"/> Physical contact _____ <input type="checkbox"/> Defiance _____ <input type="checkbox"/> Disruption _____ <input type="checkbox"/> Property misuse _____ <input type="checkbox"/> Homework _____ <input type="checkbox"/> Tardy _____ <input type="checkbox"/> Other _____ Major <input type="checkbox"/> Abusive language _____ <input type="checkbox"/> Fighting/ Physical aggression _____ <input type="checkbox"/> Overt Defiance _____ <input type="checkbox"/> Harassment/bullying _____ <input type="checkbox"/> Disruption _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Obtain peer attention _____ <input type="checkbox"/> Obtain adult attention _____ <input type="checkbox"/> Obtain items/activities _____ <input type="checkbox"/> Avoid Peer(s) _____ <input type="checkbox"/> Avoid Adult _____ <input type="checkbox"/> Avoid task or activity _____ <input type="checkbox"/> Obtain item _____ <input type="checkbox"/> Don't know _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Follow up agreement _____ <input type="checkbox"/> Loss of privilege: _____ <input type="checkbox"/> Conference with student _____ <input type="checkbox"/> Parent Contact _____ <input type="checkbox"/> Individualized instruction _____ <input type="checkbox"/> Out-of-school suspension (___ hours/ days) _____ <input type="checkbox"/> Other _____ _____

Others involved in incident: *Write offense number on the line.*

None _____ Peers _____ Staff _____ Teacher _____ Substitute _____
 Unknown _____ Other _____

Other comments:

Principal Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

All minors are filed with classroom teacher. Three minors equal a major.
 All majors require administrative decision and parent signature.

Offense 1: Date _____ Time _____

Description: _____

I need to talk to the students' teacher I need to talk to the administrator

Parent/Guardian Signature: _____ **Date:** _____

Offense 2: Date _____ Time _____

Description: _____

I need to talk to the students' teacher I need to talk to the administrator

Parent/Guardian Signature: _____ **Date:** _____

Offense 3: Date _____ Time _____

Description: _____

I need to talk to the students' teacher I need to talk to the administrator

Parent/Guardian Signature: _____ **Date:** _____

Follow up Agreement

Name: _____

Date: _____

1. **What rule(s) did you break? (Circle)**

Be Safe

Be Respectful

Be Responsible

2. **What did you want?**

I wanted attention from others

I wanted to be in control of the situation

I wanted to challenge adult(s)

I wanted to avoid doing my work

I wanted to be sent home

I wanted revenge

I wanted to cause problems because I feel miserable inside

I wanted to cause others problems because they don't like me

I wanted _____

3. **Did you get what you wanted?** yes no

4. **What will you do differently next time?**

I will be _____ by

5. **Student signature:** _____

6. **Adult signature(s):** _____

Follow up Agreement

Name: _____

Date: _____

1. **What rule(s) did you break? (Circle)**

Be Safe

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2. **What did you want?**

I wanted attention from others

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- I wanted to be sent home
- I wanted revenge
- I wanted to cause problems because I feel miserable inside
- I wanted to cause others problems because they don't like me
- I wanted _____

3. **Did you get what you wanted?** yes no

4. **What will you do differently next time?**

I will be _____ by

5. **Student signature:** _____

6. **Adult signature(s):** _____