

Columbus Grove High School Office Referral Form

Name	Grade	<p style="text-align: center;">Location</p> <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Extra-Curricular <input type="checkbox"/> Gym <input type="checkbox"/> Hallway <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Parking Lot <input type="checkbox"/> Restroom <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Other Location _____
Date	Time	
Teacher		
Referring Staff		

Behavior Problem	Possible Motivation	Administrative Action
<input type="checkbox"/> Academic Dishonesty <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Attendance <input type="checkbox"/> Bullying/Harassment <input type="checkbox"/> Bus Misconduct <input type="checkbox"/> Cell Phone <input type="checkbox"/> Dangerous Instrument/Weapon <input type="checkbox"/> Dress Code <input type="checkbox"/> Homework <input type="checkbox"/> Inappropriate Behavior <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Inducing Panic/Threats <input type="checkbox"/> Insubordination/Disrespect <input type="checkbox"/> Property Damage <input type="checkbox"/> Public Display Of Affection <input type="checkbox"/> Skipped Class <input type="checkbox"/> Tardy <input type="checkbox"/> Theft <input type="checkbox"/> Truancy <input type="checkbox"/> Unauthorized Bodily Contact <input type="checkbox"/> Use/Possession Of Tobacco <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Tasks/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Unknown Motivation <input type="checkbox"/> Other Motivation _____ _____ _____	<input type="checkbox"/> Removal From Class <input type="checkbox"/> Time In Office <input type="checkbox"/> Loss Of Privileges <input type="checkbox"/> Student Conference (Warning) <input type="checkbox"/> Parent Contact <input type="checkbox"/> Bus Exclusion <input type="checkbox"/> In-School Restriction (____ Day(s)/Beginning____) <input type="checkbox"/> Thursday Detention (Date(s)_____ (Time_____) <input type="checkbox"/> Saturday School (Date(s)_____ <input type="checkbox"/> Out of School Suspension (____ Day(s)/Beginning____) <input type="checkbox"/> Alternative School <input type="checkbox"/> Other Administrative Decision Comments: _____ _____ _____
	<p>Teacher Interventions</p>	
	<input type="checkbox"/> Warning <input type="checkbox"/> Student Conference <input type="checkbox"/> Removal From Class <input type="checkbox"/> Parent Contact <input type="checkbox"/> Teacher Detention (Date(s) _____) (Length _____) <input type="checkbox"/> Other _____ _____ _____	

Others involved in incident: None *Other Students Staff Teacher Substitute Unknown
**If other students were involved, list them on the back.*

Description Of Incident: