

Pateros School
K – 12 Office Referral Form

Student Name: _____ Date: _____

Referring Staff Member: _____ Time: _____

Location: Classroom ____ Hall ____ Lunch ____ Grounds ____ Other _____

Problem Behavior:

- | | |
|-------------------------------------|------------------------------------|
| ____ Dress Code Issue | ____ Violation of Technology Use |
| ____ Inappropriate Language | ____ Flagrant Display of Affection |
| ____ Persistent Disruptive Behavior | ____ Chronic Mask Issues |
| ____ Skipping Class | ____ Unauthorized Parking |
| ____ Theft or Vandalism | ____ Reckless Driving |
| ____ Fighting, Aggressive Activity | ____ Harassment or Bullying |
| ____ Disobedience or Disrespect | ____ Other _____ |

Teacher Recommendation: _____

Others involved in incident: ☐ None ☐ Peers ☐ Staff ☐ Teacher ☐ Substitute ☐ Unknown ☐ Others

What Happened/Attempted Interventions:

Record of intervention
By Teacher for chronic behavior

- ____ Student Apology
- ____ Parent Contact (date _____)
- ____ Classroom Exclusion
(date of other discipline _____)
(date and time of parent contact (____))
- ____ Conference w/ Student
- ____ Conference w/ Parent
- ____ Lunch Detention w/ teacher
- ____ After School Detention
- ____ Loss of Credit for work
- ____ Other _____

Consequence assigned by Principal

- ____ Student Apology/Reflection
- ____ Parent Contract (date _____)
- ____ Referral for Counseling
- ____ Conference w/ student
- ____ Conference w/ parent
- ____ Lunch detention w/ principal
- ____ After School Detention
- ____ Discipline Code Step
- ____ In School Suspension
- ____ Short Term Suspension
- ____ Other _____

Principal or Designee _____ Date _____ Time _____

Students that refuse to wear masks for COVID will be enrolled in the online program and sent home. Contact the principal immediately