

Office Referral Report

Student Name: _____

Date: _____

Teacher: _____

Inappropriate Behavior(s)

- | | |
|---|---|
| <input type="checkbox"/> Assembly disruption | <input type="checkbox"/> Lack of effort |
| <input type="checkbox"/> Bus misconduct | <input type="checkbox"/> Lack of respect |
| <input type="checkbox"/> Cafeteria disruption | <input type="checkbox"/> Leaving without permission |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Public display of affection |
| <input type="checkbox"/> Classroom disruptions | <input type="checkbox"/> Skipping detention/Study Lab |
| <input type="checkbox"/> Disparaging/demeaning language | <input type="checkbox"/> Tobacco/alcohol/drug use |
| <input type="checkbox"/> Dress code violation | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Hallway disruption | <input type="checkbox"/> Weapons possession/use |
| <input type="checkbox"/> Other _____ | |

Comments: _____

Action Taken

- | | |
|--|---|
| <input type="checkbox"/> conference with student | <input type="checkbox"/> parent notification |
| <input type="checkbox"/> study lab/detention | <input type="checkbox"/> out-of-school suspension |
| <input type="checkbox"/> in-school suspension | <input type="checkbox"/> loss of bus privilege |

Student Signature: _____

Superintendent Signature: _____

Mrs. Rebecca Steinhoff, Superintendent

Parent Signature: _____

If you have questions please call the school at 660-359-3438.