

Marblehead Community Charter Public School
Behavior Referral Form

Student's Name: _____ Date: _____ Time: _____

Advisory Teacher: _____

Grade: 4 5 6 7 8 Referring Staff: _____

Location:

Field Gym Community Room Hallway Classroom Bathroom Other _____

Observed Behavior	Intervention	Consequence
<p>Minor:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Hands-Off <input type="checkbox"/> Disruptive <input type="checkbox"/> Dress Code <input type="checkbox"/> Electronic Device <input type="checkbox"/> Failure to Follow Directions <input type="checkbox"/> Gum Chewing <input type="checkbox"/> No Homework <input type="checkbox"/> Other: _____ <p>Major:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting/Physical Aggression <input type="checkbox"/> Flagrant Disrespect <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Seat Change <input type="checkbox"/> Alternate task was provided <input type="checkbox"/> Break was provided <input type="checkbox"/> Met with Administrator <input type="checkbox"/> Other: _____ <p>Additional Information:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Confiscation <input type="checkbox"/> Written Apology <input type="checkbox"/> Time in Office <input type="checkbox"/> Conference with Student and Teacher Date/Time: _____ <input type="checkbox"/> Parent Contact Date/Time: _____ <input type="checkbox"/> Individualized Counseling <input type="checkbox"/> School Detention Date/Time: _____ <input type="checkbox"/> In-School Suspension _____ hours/days <input type="checkbox"/> Out of School Suspension _____ days <input type="checkbox"/> Other: _____

Others involved in incident: None Peer(s) Staff/Teacher Unknown Other

Teacher Signature: _____

Administrative Signature: _____

I need to talk to the issuing teacher I need to talk to the administrator Thank you for letting me know

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Please have your child respond to the questions on the reverse side of this sheet, and return this form to the issuing teacher within two (2) school days. Thank you.

Behavior Referral Form – Student Response

What did you do to earn this referral?

What should you have done instead?

How can you prevent earning a referral in the future?

Do you feel that you were treated fairly? Why?

For Office Use Only:

<input type="checkbox"/> Logged into PowerSchool <input type="checkbox"/> Filed in Student's Folder <input type="checkbox"/> Repeated Incident	<input type="checkbox"/> Other: _____
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