

Student ID: _____

Office Discipline Referral MERIDEN PUBLIC SCHOOLS

Routing:
 Referring staff
 Building Admin

Student _____ **Referring Staff** _____ **Date/Time** _____
School: **ES:** Barry Franklin Hale Hanover Hooker Pulaski Putnam Sherman
MS: Lincoln Washington **HS:** Maloney Platt Venture

INCIDENT Location

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus loading zone/line |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom/Restroom | <input type="checkbox"/> On bus |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Gym | <input type="checkbox"/> Special event/assembly/field trip |
| <input type="checkbox"/> Library | <input type="checkbox"/> Off school property | <input type="checkbox"/> Other _____ |

Problem Behavior(s) of Concern

- | | | |
|---|---|---|
| <input type="checkbox"/> Abusive language toward other(s) | <input type="checkbox"/> Targeted physical contact | <input type="checkbox"/> Drug/alcohol/tobacco |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Chronic absenteeism
from class/school |
| <input type="checkbox"/> Extended disruption to learning | <input type="checkbox"/> Forgery/lying/cheating | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Technology violation | <input type="checkbox"/> Harassment/bullying: | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Theft | <input type="checkbox"/> ability <input type="checkbox"/> religious <input type="checkbox"/> racial | <input type="checkbox"/> Left class w/out permission |
| <input type="checkbox"/> Inappropriate display of affection | <input type="checkbox"/> gender <input type="checkbox"/> sexual | <input type="checkbox"/> Elopement from area |
| <input type="checkbox"/> Other: | <input type="checkbox"/> name calling | |

INCIDENT : Please describe incident (Do not use names of other students)

School wide expectation(s) violated _____
 Discussed school expectations with student

Individuals Involved/Present

None Peers Staff Teacher Substitute Other _____

Prior interventions by referring staff

Multiple verbal corrections Retraught expected behavior Parent call Parent meeting
 Referred to Support Team Followed IEP/504 In Tier 2 program Followed Behavior Plan
Other _____

Possible Motivation

Avoid adults Obtain Adult Attention Obtain Peer Attention Obtain Items/Activities
 Avoid Peers Avoid Tasks/Activities Don't Know/ Not Sure
 Other: _____

Action(s) taken by reporting staff

Parent Communication: (name and method) _____
 Discussed with school personnel (name) _____
 Student communication: _____

Administrative Decision Signature: _____

Time in office Afterschool detention Bus suspension ___ days ISS ___ days
 Loss of privilege Lunch detention Individualized instruction OSS ___ days
 Confer w/student Confer w/teacher Referral to PPT Referral to support staff Other

Comments including discussion with student and contact: