

Red Bluff High School - Referral Form

Committed / Accountable / Responsible / Enthusiastic

Personal Information	Location
Name: _____ Date: _____ Time: _____ Grade: 9 10 11 12 Referring Staff: _____	<input type="checkbox"/> Bathroom <input type="checkbox"/> Hallway <input type="checkbox"/> Bus <input type="checkbox"/> Gym <input type="checkbox"/> Cafeteria <input type="checkbox"/> Locker Room <input type="checkbox"/> Classroom <input type="checkbox"/> Off Campus <input type="checkbox"/> Front Lawn <input type="checkbox"/> Parking Lot <input type="checkbox"/> Computer Lab <input type="checkbox"/> Special Event <input type="checkbox"/> Upper Snack <input type="checkbox"/> Lower Snack <input type="checkbox"/> Library <input type="checkbox"/> Basketball Courts <input type="checkbox"/> Other _____

Minor Problem Behavior	Major Problem Behavior	Motivation
<input type="checkbox"/> Defiance/Insubordination <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Property Misuse <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive/Inapp. Language <input type="checkbox"/> Theft/Forgery/Plagiarism <input type="checkbox"/> Bullying <input type="checkbox"/> Gang Affiliation/Display <input type="checkbox"/> Defiance/Insubord. <input type="checkbox"/> Harassment <input type="checkbox"/> Disrespect <input type="checkbox"/> Inapp. Location/Off Camp. <input type="checkbox"/> Disruption <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Dress Code <input type="checkbox"/> Property Damage/Vandal. <input type="checkbox"/> Fighting <input type="checkbox"/> Technology Violation <input type="checkbox"/> Use/Possession of: <input type="checkbox"/> Alcohol <input type="checkbox"/> Combustibles <input type="checkbox"/> Drugs <input type="checkbox"/> Tobacco <input type="checkbox"/> Weapons <input type="checkbox"/> Other _____	Obtain: <input type="checkbox"/> Adult Attention <input type="checkbox"/> Items/Activities <input type="checkbox"/> Peer Attention Avoid: <input type="checkbox"/> Adult <input type="checkbox"/> Task/Activity <input type="checkbox"/> Peer

Action Taken - Administrative use only
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<input type="checkbox"/> Conference with Student <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Contact <input type="checkbox"/> Restitution <input type="checkbox"/> Community Service <input type="checkbox"/> Student Study Team	<input type="checkbox"/> Detention <input type="checkbox"/> In-School Suspension (____hours/days) <input type="checkbox"/> Out-of-School Suspension (____hours/days) <input type="checkbox"/> Action Pending <input type="checkbox"/> Parent Visit <input type="checkbox"/> Teacher/Student Conference <input type="checkbox"/> Other _____
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Others Involved	<input type="checkbox"/> None <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Other _____
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Other Comments:	_____ _____ _____ _____
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