**SWIS Office Referral Form – Folkston Elementary School** (rev.8/4/16)

 Minor Referral Major Referral **Entered into SWIS:** Yes No

 **(Only for data clerk)**

 **Referral ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_ Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location:** Classroom Hallway Cafeteria Gym Restroom Playground Bus

 Library Bus Loading Zone Computer Lab Parking Lot Assembly/Field Trip Other

**Minor Problem Behavior:** Disrespect Defiance Disruption Theft Technology Violation

 Physical Contact/Physical Aggression Inappropriate Language Property Misuse Other

**Major Problem Behavior:**  Defiance/Non-Compliance Physical Aggression Disruption Fighting

 Disrespect Inappropriate Language Bullying Theft Technology Inappropriate Location

 Lying/Cheating Property Damage/Vandalism Inappropriate Display of Affection Other

*\*If a weapon was involved, please note the weapon type/size:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Harassment (if so, check type): Gender Ethnicity Sexual Race Religion

 Physical Characteristics Disability

**Perceived Motivation:**  Obtain Peer Attention Obtain Adult Attention Obtain Item/Activity

 Avoid Peer(s) Avoid Adult Avoid Task/Activity

**Others Involved:** None Peers Teacher Staff Substitute Other Unknown

**Action Taken:** Time Out/Detention Conference with Student Loss of Privilege Time in Office

 Restitution Other Action Taken Parent Contact (contact type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Out-of-School Suspension (1/2 day increments): \_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_ days Expulsion

**Notes for administration:**