

MADISON MIDDLE SCHOOL MAJOR REFERRAL REPORT

INCIDENT INFORMATION

DATE _____ TIME _____ REFERRING STAFF _____

Description: _____

Date Reported: _____ Administrator Signature: _____

Location	<input type="checkbox"/> Classroom	<input type="checkbox"/> Assembly/Special Event	<input type="checkbox"/> Commons	<input type="checkbox"/> Hallway
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Bus Loading	<input type="checkbox"/> Courtyard	<input type="checkbox"/> Library	<input type="checkbox"/> Restroom
<input type="checkbox"/> Stairs	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Field Trip	<input type="checkbox"/> Gym/Locker Room	<input type="checkbox"/> Outside
<input type="checkbox"/> Office	<input type="checkbox"/> Other: _____			

Student(s) Involved: _____ Role: _____
_____ Role: _____
_____ Role: _____

Reason for Referral (check all that apply)			
<input type="checkbox"/> Bullying/Hazing	<input type="checkbox"/> Lying/Cheating/Plagiarism	<input type="checkbox"/> Threat of Violence	<input type="checkbox"/> Weapon Possession
<input type="checkbox"/> Forgery	<input type="checkbox"/> Class cutting	<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Disrespect/Noncompliance
<input type="checkbox"/> Fighting	<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Possession/Use: Tobacco/Drugs/Alcohol
<input type="checkbox"/> Repeated Level II Behaviors	<input type="checkbox"/> Harassment: Basis (circle one) <i>Racial, Sexual, Ethnicity/National Origin, Gender, Sexual Orientation, Age, Religion, Marital Status, Socioeconomic Status, Familial Status, Physical, Linguistic</i>		

Possible Motivation			
<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Avoid Peer Attention	<input type="checkbox"/> Avoid Task	<input type="checkbox"/> Obtain Preferred Activity
<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Avoid Adult Attention	Other _____	

Others Involved	<input type="checkbox"/> None	<input type="checkbox"/> Staff	<input type="checkbox"/> Teacher	<input type="checkbox"/> Peers
<input type="checkbox"/> Guest Teacher	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____		

Administrative Action	
<input type="checkbox"/> Community Service: Date(s) _____	<input type="checkbox"/> Conference with Student/Teacher: Date _____
<input type="checkbox"/> Conference with Student: Date _____	<input type="checkbox"/> Conference with Parent: Date _____
<input type="checkbox"/> Loss of Privilege: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Suspension: IS/OS Half Day/Full Day	Suspension Date(s): _____

Spoke with Parent: Date/Time _____ Message Left: Date/Time _____