

MOUNT CARMEL GUILD ACADEMY

REFERRAL FORM

2016 – 2017

DATE: _____ TIME: _____ / PERIOD: _____

STUDENT: _____ STAFF: _____

_____ FOR INFORMATION ONLY _____ BULLYING INCIDENT _____ BEHAVIORAL INCIDENT

BEHAVIORS: (behaviors followed by an * must be accompanied by a specific description)

_____ Abusive / disrespectful language directed at staff *

_____ Abusive / disrespectful language directed at peers *

_____ Threat to physically harm staff *

_____ Threat to physically harm peers *

_____ Threat to physically harm self *

_____ Threat to damage / destroy school property *

_____ Leaving class without permission

_____ Repeatedly talking out of turn

_____ Repeated refusal to complete class work or assigned activity

_____ Inappropriate touch (includes hitting / pushing / sexual contact) *

_____ Inappropriate discussion (drugs / alcohol / sex / etc.) *

_____ Throwing objects

Other:

*DESCRIPTION OF BEHAVIOR PROBLEM _____

CLASSROOM INTERVENTIONS:

_____ **IGNORING**

_____ **ALTERNATIVE ACTIVITY**

_____ **REPRIMAND**

_____ **ALTERNATIVE ASSIGNMENT**

_____ **IN-CLASS TIME OUT**

_____ **WARNINGS**

_____ **PRAISE / REWARD FOR
DESIRED BEHAVIOR**

_____ **PRAISE / REWARD FOR OTHER
STUDENTS**

OTHER: _____

STAFF SIGNATURE: _____ **DATE:** _____

____ **I would like to be present during the discussion with the student:**

____ **It is not necessary that I be present during the discussion with the student.**

STUDENT WAS SENT TO PSR: ___ YES ___ NO

PSR NOTES: (counseled, able to discuss appropriate alternatives, etc.) _____

PSR CONSEQUENCES: (writing assignment, restricted, time spent) _____

PROBLEM SOLVING ROOM STAFF SIGNATURE: _____

COUNSELOR NOTES: (writing assignment, OSS, resolution, etc.)

COUNSELOR SIGNATURE: _____ **DATE:** _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____