



## Guam Department of Education Office Discipline Referral – Elementary



<b>STUDENT INFORMATION</b>			<b>Communication Log (For Office Staff Only)</b>		
Student Name:		Grade:	Parent Name:		Contact Number:
Referred By:			<input type="radio"/> Student Hand Carried		<input type="radio"/> Delivered By: _____
Teacher Name:			Communication: (Indicate Date, Time, Person Contacted)		
Incident Location:	Incident Date:	Incident Time:	1 <sup>st</sup> Attempt:	2 <sup>nd</sup> Attempt:	3 <sup>rd</sup> Attempt:

√	PROBLEM BEHAVIOR (CHECK ONE)	PwS ch	SWIS	DEFINITIONS/EXAMPLES
	Inappropriate Language	02	InappLang	Using words or phrases that are offensive or rude; not always directed at person
	Bullying <i>Ω</i> (Warrants a report to GPD)	06	Harass/Bully	Repeated threats, offensive or intimidating words directed towards a peer or adult
	Harassment <i>Ω</i> (Warrants a report to GPD)	06B	Harass/Bully	Threatening, offensive or intimidating words directed towards a peer or adults
	Disrespect/Defiance	04	Def/Disrsp	Refusal to follow directions and/or socially rude interactions
	Disruption	07	Disrupt	Engaging in repetitive actions, verbal or physical
	Physical Aggression	05	PhyAgg	Inappropriate touch with an adult or peer where injury will occur
	Theft	11	Theft	Removing someone's property deliberately
	Vandalism/Property Damage	10	Vandalism	Substantial destruction of property
	Use/Poss./Distribution Weapons	19	Weapons	Possession of knives, guns, or objects capable of causing bodily harm
	Other _____	___	___	Refer to Data Dictionary for any other offenses not listed

Specific Information Regarding Incident:

ADMINISTRATIVE INTERVENTION (√ Check as many interventions as determined.)	POSSIBLE MOTIVATION
Conference with Student (03)	<input type="checkbox"/> FOB_AA: Avoid Adult(s) <input type="checkbox"/> FOB_AT/A: Avoid Tasks/Activities <input type="checkbox"/> FOB_AP: Avoid Peer(s) <input type="checkbox"/> FOB_COM: Communication <input type="checkbox"/> FOB_OAA: Obtain Adult Attention <input type="checkbox"/> FOB_OI/A: Obtain Items/Activities <input type="checkbox"/> FOB_OPA: Obtain Peer Attention <input type="checkbox"/> Other _____
Parent Contact (04)	
Loss of Privilege/Time in Office (02)	
School Counselor Referral (13)	
Mandatory Parent Conference (17)	
Remove from activity/area (81)	
Other: _____ Code: _____ (Refer to DDD)	Parent Shadow (48) Staff Shadow (49) Detention (80) In-School Suspension (38-46) _____ Date DESCL Approval (PreK-3 <sup>rd</sup> ) Out-of-School Suspension (30-36) _____ Date DESCL Approval (PreK-3 <sup>rd</sup> ) Referral to Other Agency (22) Specify: Service Call #: _____ Case #: _____ Police Officer Name: _____

NOTE: 1.) All suspensions for students, grades Pre-K – Third, requires DESCL approval. 2.) Parent shadowing is an intervention that brings parents with students into the classroom. If a student in grades Pre-K - 3<sup>rd</sup> grade is assigned to parent shadowing and is not accompanied by a parent/guardian, student will be authorized on campus; but school administrator should assign another intervention in place of parent shadowing. For student in grades 4<sup>th</sup> – 5<sup>th</sup> and not accompanied by a parent/guardian, the student must stay home for the duration of the consequence. For all parent shadow, a parent conference with school administrator is required.

<b>Administrator's Notes:</b>	Entered in PowerSchool By: _____
	/Date: _____
	Entered in SWIS By: _____
	/Date: _____

Signature of Person Referring: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

## BEHAVIOR INCIDENT REPORT

This report is to help document the items that involves a specific incident where inappropriate behavior has been shown. It is very important that parent contact is made when an incident occurs in the school setting. This report does not warrant any person to make an automatic Office Discipline Referral.

**STUDENT NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**FIRST BEHAVIOR INCIDENT**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**OFFENSES**

Disrespect  Tardy  Defiance  Inapp Language  Disruption  Phy Cont/Aggression  Dress Code Violation  Tech Violation

**PARENT COMMUNICATION:**  Parent Contact by Teacher  Parent Note by Teacher  Parent Conference with Teacher

**TEACHER/STAFF INTERVENTIONS PROVIDED:**

**PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

- Student Warning
- Use of Time-Out
- Removal from activity/area
- Time with Teacher
- Re-teach/practice expected behavior
- Individual Behavior Plan
- Referral to School Counselor
- Previous Referral to Office
- Other \_\_\_\_\_

Teacher/Staff Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECOND BEHAVIOR INCIDENT**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**OFFENSES**

Disrespect  Tardy  Defiance  Inapp Language  Disruption  Phy Cont/Aggression  Dress Code Violation  Tech Violation

**PARENT COMMUNICATION:**  Parent Contact by Teacher  Parent Note by Teacher  Parent Conference with Teacher

**TEACHER/STAFF INTERVENTIONS PROVIDED:**

**PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

- Student Warning
- Use of Time-Out
- Removal from activity/area
- Time with Teacher
- Re-teach/practice expected behavior
- Individual Behavior Plan
- Referral to School Counselor
- Previous Referral to Office
- Other \_\_\_\_\_

Teacher/Staff Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIRD BEHAVIOR INCIDENT**

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

**OFFENSES**

Disrespect  Tardy  Defiance  Inapp Language  Disruption  Phy Cont/Aggression  Dress Code Violation  Tech Violation

**PARENT COMMUNICATION:**  Parent Contact by Teacher  Parent Note by Teacher  Parent Conference with Teacher

**TEACHER/STAFF INTERVENTIONS PROVIDED:**

**PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

- Student Warning
- Use of Time-Out
- Removal from activity/area
- Time with Teacher
- Re-teach/practice expected behavior
- Individual Behavior Plan
- Referral to School Counselor
- Previous Referral to Office
- Other \_\_\_\_\_

Teacher/Staff Name & Signature \_\_\_\_\_

Date \_\_\_\_\_