

Stafford Primary Staff Communication and Referral Form

Student Name: _____ Date: _____ Time: _____

Referring Staff: _____ Gr: _____

Location of Incident

- Classroom Playground Library Bathroom Bus Music Cafeteria
 Gym Hallway Arrival Dismissal Other: _____

Problem Behavior

- Physical or verbal aggression Defiance or disrespect Misuse of school property
 Inappropriate language Theft Ongoing harassment of another student
 Major & ongoing disruption to classroom (affects learning) Other: _____

Comments (including others involved):

Follow-up Actions

- Conference with: _____ Loss of Recess
 Time in office/break (from _____ to _____) Loss of other privilege _____
 Apology (in person or letter) In-school suspension (_____ hours/days)
 Parent Meeting Other: _____

Parent contact made by: _____ Date _____ Time _____

Staff Comments:

COPIES TO: Teacher IA (if applicable) Office

Name:

Date:

Thinking About Myself and Others

- **What happened?** What did you do? What did others do? Be as specific as possible:

- **What were you thinking of at the time?** Did you want attention? Were you trying to have fun? Were you angry? Embarrassed? Lonely? Sad? Did you act too quickly to consider what might happen?

- **Who has been affected by what you have done?** In what way have they been affected?

- **If you have this problem or feel this way again, how will you solve it?** List three ways:

- **What do you think you need to do to make things right?** How will you earn this person's trust back and show him or her that you really understand what needs to be different next time?