

Campbell Memorial High School  
Office Referral Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Grade        **9**        **10**        **11**        **12**

Referring Staff \_\_\_\_\_

Time of day: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**Location (Please check only one)**

- Library
- Cafeteria
- Hallway
- Classroom
- Gym
- Office
- Arrival/Dismissal
- On the Bus
- Other \_\_\_\_\_

**Problem Behaviors (Check the most intrusive)**

**Major: (Referrals) Please make comments on the back**

- Abusive language/Inappropriate language/profanity (**Prof**)
- Fighting (**FGHT**)
- Defiance(**MSBH**)/Disrespect(**MOBT**)/Insubordination(**ISUB**)/non-compliant (**RCOP**)/ disobient(**DSRT**)
- Harassment/teasing/taunting/bullying (**HRAS**)
- Disruption (**DSRT**)
- Tardy (**TACL/TASH**)
- Skipping Class (**SKCL**)/Truancy (**TRUA**)
- Forgery/Theft (**THFT**)
- Dress Code Violation (**DRSS**)
- Lying/Cheating
- Tobacco (**SMOK**)
- Alcohol (**ALCH**)/Drugs (**DRUG**)
- Vandalism (**VAND**)
- Property Damage (**VAND**)
- Weapons (**WEAP**) (**FLAL**)
- Cell Phone
- Electronic Devices
- Other \_\_\_\_\_

**Others Involved: (Please check only one)**

- None
- Peers
- Staff
- Teacher
- Substitute
- Unknown
- Other \_\_\_\_\_

**Staff/Teacher Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interventions Used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Detention Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only**

- Administrative Decision:**
- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Time in office          | <input type="checkbox"/> Detention      | <input type="checkbox"/> Saturday School        | <input type="checkbox"/> In School Suspension     |
| <input type="checkbox"/> Loss of privileges      | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> Out of School Suspension |
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> IAT            | <input type="checkbox"/> Expulsion              | <input type="checkbox"/> Other _____              |

**Detention Served:**       YES    NO    **Date Served** \_\_\_\_\_

**Saturday School Served:**       YES    NO    **Date Served** \_\_\_\_\_

**Suspension Served:**       YES    NO    **Date Served** \_\_\_\_\_

**Entered in SWIS**       YES    NO    **Date Entered** \_\_\_\_\_

**Entered in ESIS**       YES    NO    **Date Entered** \_\_\_\_\_

**Completed** \_\_\_\_\_

**Filed** \_\_\_\_\_