

BOLTZ MIDDLE SCHOOL

REFERRAL FOR OFFICE MANAGED BEHAVIOR

Student	Gra	de	I.D		
Referring Staff Member		Date	Time		
I. Area of concern in PRIDE	Matrix:				
\Box P urpose \Box R espect \Box Individual responsibility \Box D etermination \Box E mpathy					
II. Location					
Classroom Commons Bathroom Hallway Locker room School Grounds Bus Other					
III. Possible Motivation					
□ Obtain peer attention	□ Avoid tasks/activities	□ Motivation unkno	wn 🗆 Obtain items/activities		
Obtain adult attention	\Box Avoid peer (s)	□ Avoid adult (s)	□ Other		
IV. Previous Interventions					
Behavior Instruction		□ Teacher co	\Box Teacher contact with parent/ guardian *		
□ Informal student-teacher conference		□ Formal team meeting			
□ Teacher/Counselor discussion		□ Team meeting with parent/guardian			
□ Referral to counselor		□ Referral to MTSS Team			
Administrator conference with student		□ Restorative Justice			
Other, describe:			* Required for classroom incidents		
		□ Restorative Justice			

V. Objective and Specific Description of Observable Behavior:

Administrator Portion

VI. Problem or Incident

- □ Tardy/Attendance
- □ Physical Aggression/Fighting
- □ Technology Violation
- □ Damage/Theft of School Property
- Damage/Theft of Personal Property
- □ Other_

VII. Administrative Response

- \Box Lunch Detention____Day(s)
- \Box Time in Office
- \Box I.S.S.____Day(s)
- □ Parent Contact

- □ Detention for a Class Pd.____

Use/Possession Drugs / Alcohol

□ Skipping Class

Disruptive Behavior

Dress Code

□ Harassment

- □ Warning
- □ Community Service
- □ Restitution

- □ Defiance/Insubordination/Non-compliance □ Academic Dishonesty
- □ Profanity / Gestures
 - Gang Affiliation Display
 - □ Detrimental
- Use/Possession Tobacco □ Verbal Altercation
- □ False Alarm/ Threat
- □ Bullying
- □ Behavior Contract □ Restorative Practices \Box O.S.S _____ days □ Other___

Dates to be served: **Administrator Notes:**

Administrator Signature	Date
Student Signature	Date

Documented in:	□ Enrich	□ Synergy
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