

Office Referral

Name: _____ **Date:** _____ **Teacher:** _____

Prior to being sent to the office student has received a Verbal Warning, Think Time, and has not made a positive change in behavior/choices.

Reason for Referral:

Level 1 Offense...

- Disrespect toward teacher
- Bullying behavior
- Disrespect toward other student
- Violation of the Technology Agreement
- Violation of Classroom Rules
- Other: _____

Level 2 Offense...

- Defiance
- Verbal abuse
- Inappropriate physical contact
- Lying
- Cheating
- Classroom disruption

Level 3 Offense...

- Physical fighting
- Threats
- Use of inappropriate language
- Harassment
- Possession of banned materials

Administrator Signature: _____

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