

**Arena Union Elementary School
Behavior Communication Referral**

Student: _____ **Grade:** _____ **Date:** _____ **Time:** _____
Setting: _____ **Others involved:** _____
Referred by: _____ **Classroom teacher:** _____

This student has had problems: **Being Safe** **Being Respectful** **Being Responsible**

Issue of concern:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abusive Language/Profanity | <input type="checkbox"/> Aggressive/Unsafe Play | <input type="checkbox"/> Defiance/Disrespect |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Cruel Teasing/Bullying | <input type="checkbox"/> Habitual Tardiness |
| <input type="checkbox"/> Uncooperative in Class | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Endangering Safety |
| <input type="checkbox"/> Use/Possession of prohibited substance/item | | (To self and/or to others) |

Brief Description of Behavior: _____

Intervention by Referring Staff

The signatures below indicate that the student has revisited our school expectations of being safe, being respectful & being responsible and understands the description of the issue of concern. The student has been informed of the following intervention(s).

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Student Conference | <input type="checkbox"/> Reteach Behavior (model desired behavior) | | |
| <input type="checkbox"/> Incentives | <input type="checkbox"/> Time Away | <input type="checkbox"/> Loss of Privilege | <input type="checkbox"/> Apology: Verbal/Written |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Counseling | <input type="checkbox"/> School Service | <input type="checkbox"/> Classroom Modification |
| <input type="checkbox"/> Behavior Contract | <input type="checkbox"/> Parent Phone Call | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Parent Visit to Classroom |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Administrative Intervention | | |

Comments: _____

Student Signature

Referring Staff Signature

Administrative Consequences

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Student Conference with Principal/Designee | <input type="checkbox"/> Parent Call/Conference from Principal/Designee | |
| <input type="checkbox"/> Home Visit from Principal/Designee | <input type="checkbox"/> Student Support Referral | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Loss of Privilege | <input type="checkbox"/> School/Community Service | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Suspension In-school/Out-of-school | |

Comments: _____

Please sign this form indicating that you understand the issue of concern, intervention(s) and consequence(s) given.

Student Signature & Date

Teacher Signature & Date

Parent/Guardian Signature & Date

Administrator Signature & Date