

Date _____

STONINGTON HIGH SCHOOL
STAFF REFERRAL FORM

STUDENT _____ STAFF _____

TIME _____ COURSE _____

WITNESSES _____

INDICATE PRIOR ACTIONS TAKEN TO RESOLVE BEHAVIOR ISSUES:

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal redirection/Conference with student in class | <input type="checkbox"/> Conference Parent (most recent date) | <input type="checkbox"/> Administrative Conference |
| <input type="checkbox"/> Seat Changed | <input type="checkbox"/> Conference with Case Manager | <input type="checkbox"/> Temporary removal from class/activity |
| <input type="checkbox"/> Teacher Detention (List date/s) | <input type="checkbox"/> Conference with Mental Health Team | |
| <input type="checkbox"/> Conference with Guidance Counselor | | |

Other Disciplinary Action Taken By Teacher (explain) _____

DESCRIPTION OF BEHAVIOR: (Use quotes whenever possible.)

STUDENT/S STATEMENT ATTACHED

Staff's Signature

ACTION TAKEN BY ADMINISTRATOR:

- | | | | |
|---------------------------------------|------------------------------|--------------------------------|----------------------------|
| <input type="checkbox"/> Restrictions | <input type="checkbox"/> ISS | <input type="checkbox"/> Other | Date/s: _____ |
| <input type="checkbox"/> Detention | <input type="checkbox"/> OSS | | Parent Contact Info: _____ |

ADMINISTRATOR'S COMMENTS:

ED 166 Incident Involved _____
Administrator's Signature _____ Date _____