

FINAL

**McIntosh School District
OFFICE DISCIPLINE REFERRAL FORM (ODR)**

FINAL

Student Name	(Circle one) M/F Grade	Reported By	Date	Time	Teacher/Team
IEP	504 If applicable				

SWIS MAJOR PROBLEM BEHAVIOR (Check all that apply) **** Copy of Referral to SRO of Incident Admin. decides which to report in system**

<input type="checkbox"/>	**Abusive Language	<input type="checkbox"/>	**Fighting	<input type="checkbox"/>	**Possession or Use of Weapons	<input type="checkbox"/>	Disruption of Learning Environment	<input type="checkbox"/>	Larceny
<input type="checkbox"/>	**Arson	<input type="checkbox"/>	**Gang Affiliation	<input type="checkbox"/>	**Robbery	<input type="checkbox"/>	Dress Code Violation	<input type="checkbox"/>	Skipping/Truancy
<input type="checkbox"/>	**Assault	<input type="checkbox"/>	**Possession or Use of Alcohol	<input type="checkbox"/>	**Vandalism	<input type="checkbox"/>	Encouraging a Conflict	<input type="checkbox"/>	Technology/Electronic Device Violation
<input type="checkbox"/>	**Bullying/Harassment Behaviors	<input type="checkbox"/>	**Possession or Use of Drugs	<input type="checkbox"/>	Combustibles	<input type="checkbox"/>	Forgery/Theft	<input type="checkbox"/>	Tobacco
<input type="checkbox"/>	**False Fire Alarm/Bomb Threat	<input type="checkbox"/>	**Possession or Use of Inhalants	<input type="checkbox"/>	Disrespect/Insubordination/Non-Compliance	<input type="checkbox"/>	Inappropriate Display of Affection	<input type="checkbox"/>	Out of Bounds/Off School Location

REASON FOR REFERRAL (Describe Incident)

LOCATION (Check One)		POSSIBLE MOTIVATION (Check One)		OTHERS INVOLVED (Check One)	
<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Library	<input type="checkbox"/>	None
<input type="checkbox"/>	Hallway	<input type="checkbox"/>	On Bus	<input type="checkbox"/>	Peers
<input type="checkbox"/>	Commons Area	<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>	Staff
<input type="checkbox"/>	Outside Area	<input type="checkbox"/>	Bus Loading Zone	<input type="checkbox"/>	Substitute
<input type="checkbox"/>	Lunch Area	<input type="checkbox"/>	Assembly/Field Trip	<input type="checkbox"/>	Administration
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Locker Room	<input type="checkbox"/>	Other
<input type="checkbox"/>	Gym	<input type="checkbox"/>	Other	<input type="checkbox"/>	Unknown

INTERVENTION/ADMINISTRATIVE DECISION (Check all that apply)

<input type="checkbox"/>	Conference with Student	<input type="checkbox"/>	Contract with school	<input type="checkbox"/>	In School Suspension # of Days:
<input type="checkbox"/>	Loss of Privileges	<input type="checkbox"/>	Time in Office	<input type="checkbox"/>	Out of School Suspension # of Days:
<input type="checkbox"/>	Parent Contact-Phone Contact	<input type="checkbox"/>	Individualized Instruction	<input type="checkbox"/>	Refer to Counselor
<input type="checkbox"/>	OSSI Referral	<input type="checkbox"/>	Conflict Resolution/Mediation	<input type="checkbox"/>	Superintendent Conf/Board Hearing
<input type="checkbox"/>	Bus Suspension # of Days:	<input type="checkbox"/>	MAST -Mandatory After School Tutoring	<input type="checkbox"/>	Other

STUDENT RESPONSE: (Office Use Only)

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ADMINISTRATION COMMENTS: (Office Use Only)

If suspended it is for _____ days beginning _____ through _____
(Beginning Date) (Last Day of Suspension)

Student is to return to school on this day and date: _____

If a suspension occurred, is a Superintendent's Review or Board Hearing Required?

Date & Time of Return Conference with student and adult family member:

Family Member Signature and Date	Student's Signature and Date	Administrator's Signature and Date

Meeting Notes: