

N **Midwestern Intermediate Unit IV** Administrative Discipline Referral Form

Date _____
 Student _____ Referring Staff/Teacher _____
 Supervisor's Signature _____ Grade Level _____ Time of Infraction _____
 Program _____ Building Location _____
 PA Secure ID (10 digits) _____

De-Escalation Techniques

- | | | |
|---|---|--|
| <input type="checkbox"/> Pre-Connection | <input type="checkbox"/> Offer Choices | <input type="checkbox"/> Interrupting Strategies |
| <input type="checkbox"/> Proximity Control | <input type="checkbox"/> Redirect to Alternative Activity | <input type="checkbox"/> Avoid Escalation Responses |
| <input type="checkbox"/> Provide Empathy | <input type="checkbox"/> Relaxation Techniques | <input type="checkbox"/> Acknowledge Student Cooperation |
| <input type="checkbox"/> Separate Student From Agitated Situation | <input type="checkbox"/> Clarify Safety Expectations | |
| <input type="checkbox"/> Provide Options | <input type="checkbox"/> Reducing Situational Demands | |

Location

- | | | |
|--|--|--|
| <input type="checkbox"/> Athletic Field | <input type="checkbox"/> Hallway/Breezeway | <input type="checkbox"/> On Bus |
| <input type="checkbox"/> Bathroom/Restroom | <input type="checkbox"/> Library | <input type="checkbox"/> Safe Room |
| <input type="checkbox"/> Bus Loading Zone | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Special Event/Assembly/Field Trip |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Stadium |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commons/Common Area | <input type="checkbox"/> Off Campus | |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Office | |

Problem Behaviors/Infraction (check the most intrusive)

- | | | |
|---|---|---|
| <input type="checkbox"/> Abusive/Inapp/Profane Lang. | <input type="checkbox"/> Harassment/Bullying | <input type="checkbox"/> Technology Violation |
| <input type="checkbox"/> Defiance/Insubordination/
Disrespect/Non-compliance | <input type="checkbox"/> Inappropriate Display of Affection | <input type="checkbox"/> Self-injurious |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Inappropriate Location/Out of Bounds | |
| <input type="checkbox"/> Fighting/Physical Aggression | <input type="checkbox"/> Lying/Cheating | |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Property Damage | |

Severity

- Mild-disruptive but not dangerous
- Moderate-verbal/physical threats and/or destructive to physical environment
- Severe-poses a physical danger to student and/or others

Possible Motivation

- | | |
|---|--|
| <input type="checkbox"/> Avoid Adults | <input type="checkbox"/> Obtain Items/Activities |
| <input type="checkbox"/> Avoid Peer(s) | <input type="checkbox"/> Obtain Peer Attention |
| <input type="checkbox"/> Avoid Tasks/Activities | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Obtain Adult Attention | |

Others Involved/Social Interaction (include names of those involved)

- | | |
|--|---|
| <input type="checkbox"/> None _____ | <input type="checkbox"/> Substitute _____ |
| <input type="checkbox"/> Peer(s) _____ | <input type="checkbox"/> Teacher(s) _____ |
| <input type="checkbox"/> Staff _____ | <input type="checkbox"/> Other _____ |

Staff Response

- | | |
|---|---|
| <input type="checkbox"/> Conference With Student | <input type="checkbox"/> Restraint Performed (complete Safety-Care Forms) |
| <input type="checkbox"/> Loss of Privilege/Reinforcement Withheld | <input type="checkbox"/> Parent Contact |
| <input type="checkbox"/> Timeout/Break | <input type="checkbox"/> Contact a Supervisor |
| <input type="checkbox"/> Time In Office/Seclusion | <input type="checkbox"/> Police Called (name of department) _____ |
| <input type="checkbox"/> In-School Suspension # of Days _____ | <input type="checkbox"/> Call Crisis |
| <input type="checkbox"/> Out-of-School Suspension # of Days _____ | <input type="checkbox"/> Mental Health Team |
| | <input type="checkbox"/> Other _____ |

Additional Comments _____

