

Odin Public School Office Discipline Referral

○ TeacherEase

Student Name: _____ Grade: _____ Date: _____

Referring Staff Member: _____ Time of Incident: _____
(Must be time of day; not hour or period)

Location	Problem Behavior	Possible Motivation
<ul style="list-style-type: none"> <input type="checkbox"/> Administrative Offices Area <input type="checkbox"/> Athletic Field/Playground <input type="checkbox"/> Bus/Bus Stop <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Computer Lab <input type="checkbox"/> Drinking Fountains <input type="checkbox"/> Gym to Gym Hallway <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway/Stairs <input type="checkbox"/> Library <input type="checkbox"/> Locker Room <input type="checkbox"/> Off Campus <input type="checkbox"/> On Campus/Other Inside Area <input type="checkbox"/> On Campus/Other Outside Area <input type="checkbox"/> Online <input type="checkbox"/> Parking Lot <input type="checkbox"/> Restroom <input type="checkbox"/> School Entrance/Foyer Area <input type="checkbox"/> Unknown Location <input type="checkbox"/> Walking To/From School 	<ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate Language/Swearing <input type="checkbox"/> Shoving/Physical Aggression <input type="checkbox"/> Fighting <input type="checkbox"/> Chewing Gum <input type="checkbox"/> Refusal to Comply <input type="checkbox"/> Multiple Detentions <input type="checkbox"/> Skipping School/Class <input type="checkbox"/> Excessive tardies to 1st or 6th Hour <input type="checkbox"/> Excessive tardies-2nd, 3rd, 4th, 5th, 7th, 8th <input type="checkbox"/> Bus Violation <input type="checkbox"/> Incomplete or no homework <input type="checkbox"/> Disrespect/Disobedience to teacher/staff <input type="checkbox"/> Disrespect/Disobedience to student <input type="checkbox"/> Failure to serve detention <input type="checkbox"/> Disrespect/Disobedience <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Drug Offenses <input type="checkbox"/> Serious Bodily Injury <input type="checkbox"/> Dangerous Weapon <input type="checkbox"/> Other Reason-Reported to State <input type="checkbox"/> Other Reason-Not Reported to State 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Item/Activity <input type="checkbox"/> Avoid Task/Activity <input type="checkbox"/> Avoid Work <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Other Motivation <input type="checkbox"/> Unknown Motivation

Previously Attempted Intervention(s):

Others Involved:

Administrative Decision

<ul style="list-style-type: none"> <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Loss of Privilege/No Recess/No Open Campus <input type="checkbox"/> Remove from Classroom Setting <input type="checkbox"/> Notification of Parent <input type="checkbox"/> Parent Conference <input type="checkbox"/> Lunch Detention <input type="checkbox"/> Detention 	<ul style="list-style-type: none"> <input type="checkbox"/> Bus Suspension <input type="checkbox"/> In-School Detention <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> Contact School Resource Officer <input type="checkbox"/> Restitution <input type="checkbox"/> Contact Probation Officer <input type="checkbox"/> Other _____
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