

Petaluma City School District

Office Referral

Student Name: _____

Grade: _____ Date: _____ Time: _____

Staff referring: _____

Location: _____

Student had difficulty being:

- SAFE RESPONSIBLE RESPECTFUL

Behavior of Concern:

- Inappropriate Language
- Physical Contact / Physical Aggression
- Defiance/Disrespect/Non Compliance
- Disruption
- Damaging or misuse of property/equipment
- Dress Code Violation
- Technology Violation
- Bullying/Harassment

Comments _____

Teacher/Classroom Interventions Tried with Student:

- Talked to student privately, re taught expectation
 - Seat Change
 - Time out in classroom with reflection
 - Time in Partner Classroom
 - Spoke to parent on _____
 - Behavior Contract with student
 - Restorative Practices (repair harm & relationship, apology, restorative project, community service, conflict resolution, etc)
- _____
- Other _____

Action Taken: (for facilitator to complete) _____

2. What was I thinking at the time?

3. Who was affected or impacted?

4. How can I fix this? What needs to be done to make it right?

5. How can others support you?

Student Reflection Sheet

1. What Happened?