

**Vikan Middle School**  
**Secondary Office Discipline Referral Form (ODR)**

<b>Copies:</b>	
<input type="checkbox"/> Student –wht.	<input type="checkbox"/> Disc. File –yell.
<input type="checkbox"/> Teacher –gld.	<input type="checkbox"/> Office - pink

Student: \_\_\_\_\_ Grade: 6 7 8 Date: \_\_\_\_\_

Teacher Making the Referral: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Location</b>		
<input type="checkbox"/> Commons/common area	<input type="checkbox"/> Classroom	<input type="checkbox"/> On Bus
<input type="checkbox"/> Hallway / Breezeway	<input type="checkbox"/> Library	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Special event / Assembly / Field Trip	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Lockers
<input type="checkbox"/> Off School Grounds / <input type="checkbox"/> On School Grounds	<input type="checkbox"/> Playground	<input type="checkbox"/> Bathroom / Restroom
	<input type="checkbox"/> Gym	<input type="checkbox"/> Bus Loading Zone
<b>Location:</b> _____		
<b>Problem Behaviors (check the most intrusive)</b>		
<input type="checkbox"/> MINOR-classroom managed	<input type="checkbox"/> MAJOR-office managed	<input type="checkbox"/> BULLYING-office managed)
<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Alcohol/Drugs/Tobacco	<input type="checkbox"/> Relational Aggression
<input type="checkbox"/> Physical Contact/Physical Aggression	<input type="checkbox"/> Weapons <input type="checkbox"/> Fighting	<input type="checkbox"/> Gender/Sexual Orientation
<input type="checkbox"/> Defiance/Disrespect /Non Compliance	<input type="checkbox"/> Harassment std./staff	<input type="checkbox"/> Racial <input type="checkbox"/> Sexual <input type="checkbox"/> Hazing
<input type="checkbox"/> Tardy	<input type="checkbox"/> Gang Activity <input type="checkbox"/> Truancy	<input type="checkbox"/> Intimidation <input type="checkbox"/> Ability
<input type="checkbox"/> Disruption	<input type="checkbox"/> Major Theft <input type="checkbox"/> Threats	<input type="checkbox"/> Other – Please describe below
<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Foul language at stud./staff	
<input type="checkbox"/> Dress Code Violation / ID	<input type="checkbox"/> Vandalism <input type="checkbox"/> Cheating	<b>METHODS</b>
<input type="checkbox"/> Technology Violation	<input type="checkbox"/> Aggressive physical contact/horseplay	<input type="checkbox"/> Written <input type="checkbox"/> Physical
<input type="checkbox"/> Other (Minor – Please describe below)	<input type="checkbox"/> Other (Major – Please describe below)	<input type="checkbox"/> Cyber / Electronic <input type="checkbox"/> Verbal
<b>Please Describe Other :</b> _____		
<b>Possible Motivation</b>		
<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain items/activities	<input type="checkbox"/> Avoid tasks / activities
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Avoid peer(s)	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Avoid adult(s)	<input type="checkbox"/> Other _____
<b>Others Involved</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Peers	<input type="checkbox"/> Staff
<input type="checkbox"/> Teacher	<input type="checkbox"/> Substitute	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other		
<b>Strategies Taken by Teacher Prior to Student Referral:</b>		
<input type="checkbox"/> Verbal warning in class	Date _____	<input type="checkbox"/> Teacher assigned detention
<input type="checkbox"/> Conference with student	Date _____	<input type="checkbox"/> Counselor contact
<input type="checkbox"/> Parent contacted via:	Date _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Phone <input type="checkbox"/> Written <input type="checkbox"/> Email	<input type="checkbox"/> Conference	<input type="checkbox"/> Student phoned
<b>COMMENTS:</b> _____		
<b>Due Process:</b>		
<input type="checkbox"/> The student	<input type="checkbox"/> Admitted	<input type="checkbox"/> Denied that the charges were true and correct.
<input type="checkbox"/> The student was given an opportunity to present their side of the story as follows:		
<input type="checkbox"/> Prior to deciding the consequences, I concluded that the charges were supported by the evidence. (Explain)		
<input type="checkbox"/> I have checked to see if the student is receiving special education services.		
<b>ADMINISTRATIVE ACTION TAKEN BY THE OFFICE:</b>		
<input type="checkbox"/> Warning	<input type="checkbox"/> Date(s) _____	<input type="checkbox"/> Parent Contact
<input type="checkbox"/> School Detention	<input type="checkbox"/> Date(s) _____	
<input type="checkbox"/> Out-of school suspension	<input type="checkbox"/> Date(s) _____	<input type="checkbox"/> Referral to Law Enforcement
<input type="checkbox"/> Out-of school suspension	<input type="checkbox"/> Date(s) _____	
<input type="checkbox"/> Other		
<b>Please Describe Other :</b> _____		

Student Signature \_\_\_\_\_ Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_