Guam Department of Education
Office Discipline Referral – Elementary

STUDENT INFORMATION	Communication Log (For Office Staff Only)
Student Name: Grade:	Parent Name: Contact Number:
Referred By:	◯ Student Hand Carried ◯ Delivered By: _____
Teacher Name:	Communication: (Indicate Date, Time, Person Contacted)
Incident Location: Incident Date: Incident Time:	1st Attempt: 2nd Attempt: 3rd Attempt:

√	PROBLEM BEHAVIOR (CHECK ONE)	PwSch	SWIS	DEFINITIONS/EXAMPLES
	Inappropriate Language	02	InappLang	Using words or phrases that are offensive or rude; not always directed at person
	Bullying Ω *(Warrants a report to GPD)*	06	Harass/Bully	Repeated threats, offensive or intimidating words directed towards a peer or adult
	Harassment Ω *(Warrants a report to GPD)*	06B	Harass/Bully	Threatening, offensive or intimidating words directed towards a peer or adults
	Disrespect/Defiance	04	Def/Disrsp	Refusal to follow directions and/or socially rude interactions
	Disruption	07	Disrupt	Engaging in repetitive actions, verbal or physical
	Physical Aggression	05	PhyAgg	Inappropriate touch with an adult or peer where injury will occur
	Theft	11	Theft	Removing someone's property deliberately
	Vandalism/Property Damage	10	Vandalism	Substantial destruction of property
	Use/Poss./Distribution Weapons	19	Weapons	Possession of knives, guns, or objects capable of causing bodily harm
	Other _____	__	_____	Refer to Data Dictionary for any other offenses not listed

Specific Information Regarding Incident:

ADMINISTRATIVE INTERVENTION (√ Check as many interventions as determined.)

		POSSIBLE MOTIVATION
Conference with Student (03)	Parent Shadow (48)	[ ] FOB_AA: Avoid Adult(s)
Parent Contact (04)	Staff Shadow (49)	[ ] FOB_AT/A: Avoid Tasks/Activities
Loss of Privilege/Time in Office (02)	Detention (80)	[ ] FOB_AP: Avoid Peer(s)
School Counselor Referral (13)	In-School Suspension (38-46) _____ Date DESCL Approval (PreK-3rd)	[ ] FOB_COM: Communication [ ] FOB_OAA: Obtain Adult Attention
Mandatory Parent Conference (17)	Out-of-School Suspension (30-36) _____ Date DESCL Approval (PreK-3rd)	[ ] FOB_OI/A: Obtain Items/Activities [ ] FOB_OPA: Obtain Peer Attention
Remove from activity/area (81)	Referral to Other Agency (22) Specify:	[ ] Other_____
Other: ____ Code: _____ (Refer to DDD)	Service Call #: ___ Case #: ___ Police Officer Name:	

NOTE: 1.) All suspensions for students, grades Pre-K – Third, requires DESCL approval. 2.) Parent shadowing is an intervention that brings parents with students into the classroom. If a student in grades Pre-K - 3rd grade is assigned to parent shadowing and is not accompanied by a parent/guardian, student will be authorized on campus; but school administrator should assign another intervention in place of parent shadowing. For student in grades 4th – 5th and not accompanied by a parent/guardian, the student must stay home for the duration of the consequence. For all parent shadow, a parent conference with school administrator is required.

Administrator's Notes:	Entered in PowerSchool By: /Date:
	Entered in SWIS By: /Date:

Signature of Person Referring:

Parent's Signature:

Administrator's Signature:

BEHAVIOR INCIDENT REPORT

This report is to help document the items that involves a specific incident where inappropriate behavior has been shown. It is very important that parent contact is made when an incident occurs in the school setting. This report does not warrant any person to make an automatic Office Discipline Referral.

STUDENT NAME: | **GRADE:**

FIRST BEHAVIOR INCIDENT	Date of Incident:	Time of Incident:	Location of Incident:

OFFENSES
[ ] Disrespect [ ] Tardy [ ] Defiance [ ] Inapp Language [ ] Disruption [ ] Phy Cont/Aggression [ ] Dress Code Violation [ ] Tech Violation

PARENT COMMUNICATION: [ ] Parent Contact by Teacher   [ ] Parent Note by Teacher   [ ] Parent Conference with Teacher

TEACHER/STAFF INTERVENTIONS PROVIDED: | **PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

[   ] Student Warning
[   ] Use of Time-Out
[   ] Removal from activity/area
[   ] Time with Teacher
[   ] Re-teach/practice expected behavior
[   ] Individual Behavior Plan
[   ] Referral to School Counselor
[   ] Previous Referral to Office
[   ] Other _____

Teacher/Staff Name & Signature   Date

SECOND BEHAVIOR INCIDENT	Date of Incident:	Time of Incident:	Location of Incident:

OFFENSES
[ ] Disrespect [ ] Tardy [ ] Defiance [ ] Inapp Language [ ] Disruption [ ] Phy Cont/Aggression [ ] Dress Code Violation [ ] Tech Violation

PARENT COMMUNICATION: [ ] Parent Contact by Teacher   [ ] Parent Note by Teacher   [ ] Parent Conference with Teacher

TEACHER/STAFF INTERVENTIONS PROVIDED: | **PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

[   ] Student Warning
[   ] Use of Time-Out
[   ] Removal from activity/area
[   ] Time with Teacher
[   ] Re-teach/practice expected behavior
[   ] Individual Behavior Plan
[   ] Referral to School Counselor
[   ] Previous Referral to Office
[   ] Other _____

Teacher/Staff Name & Signature   Date

THIRD BEHAVIOR INCIDENT	Date of Incident:	Time of Incident:	Location of Incident:

OFFENSES
[ ] Disrespect [ ] Tardy [ ] Defiance [ ] Inapp Language [ ] Disruption [ ] Phy Cont/Aggression [ ] Dress Code Violation [ ] Tech Violation

PARENT COMMUNICATION: [ ] Parent Contact by Teacher   [ ] Parent Note by Teacher   [ ] Parent Conference with Teacher

TEACHER/STAFF INTERVENTIONS PROVIDED: | **PROVIDE SPECIFIC INFORMATION REGARDING INTERVENTION/S:**

[   ] Student Warning
[   ] Use of Time-Out
[   ] Removal from activity/area
[   ] Time with Teacher
[   ] Re-teach/practice expected behavior
[   ] Individual Behavior Plan
[   ] Referral to School Counselor
[   ] Previous Referral to Office
[   ] Other _____

Teacher/Staff Name & Signature   Date