

Lake Region Vocational Center

Office Referral Form

Student Name _____

Event Name

- | | |
|---|---|
| <input type="checkbox"/> Absent from class without permission | <input type="checkbox"/> Left class without permission |
| <input type="checkbox"/> Destruction of property/vandalism | <input type="checkbox"/> Misuse of technology/cell phone/computer |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Safety violation |
| <input type="checkbox"/> Harrassment | <input type="checkbox"/> tobacco-related |
| <input type="checkbox"/> Insubordination - rude/inappropriate | <input type="checkbox"/> Other |

Event Date _____ Event Time _____

Weapon Specify Type _____

Referring Staff _____

Incident Time Morning Afternoon

Location Assembly/Field Trip Bus Hallways/Common Areas
 Bathroom Classroom Other

Victim Please Specify Student Staff Member

Comments (Event Specific - no names)

Role Offender Participant

Comments (Student Specific)

<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Avoid peer(s)
<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Avoid Adults
<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Other
<input type="checkbox"/> Avoid Items/Activities	<input type="checkbox"/> Motivation
	<input type="checkbox"/> Unknown Motivation

Office Use

Resolution Conference with Administration ISS Suspension

Comments