

Adair County Elementary School Minor Incident Behavior Referral Form

Student Name: _____ Grade: ____ Homeroom Teacher: _____

Staff member submitting referral: _____

<i>Minor Incidents</i>	<i>Date/ Time</i>	<i>Date/ Time</i>	<i>Date/ Time</i>	<i>Contact</i>	<i>Comments Teacher Intervention</i>
<i>Off Task (repeatedly)</i>					
<i>Disrespectfulness</i>					
<i>Excessive noise level</i>					
<i>Talking excessively</i>					
<i>Excessive Socializing during class Time</i>					
<i>Broke Classroom/School Rule</i>					
<i>Inappropriate use of technology</i>					
<i>Disturbing others</i>					
<i>Defiance</i>					
<i>Cheating</i>					
<i>Disruption of Instruction</i>					
<i>Inappropriate Language</i>					
<i>Misuse of school property</i>					
<i>Other: Please specify in comments</i>					

***After 3 minor incidents, student will be referred to the office.**

1. Eye Contact	2. Proximity	3. High levels of supervision
4. PBIS World Strategies for --- Behavior	5. Verbal Warning (s)	6. Pre- Teaching of expectations
7. Re- teaching of school rules/expected behaviors	8. Link rewards to appropriate behaviors	9. Notified Parent
10. Consultation with grade level teams/ school administration for behavior management ideas	Other:	Other:

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

*Please see back for further comments (circle one) YES NO