

Adair County Elementary School Major Incident Report Behavioral Referral Form

Student Name: _____ Grade: _____ Homeroom Teacher: _____

Staff member submitting referral: _____

Major Incident (Office)	Date/ Time	Contact	Comments
Bullying			
Fighting			
Sexual Issues			
Danger to self/ others			
Theft of considerable value			
Destruction of property			
Chronic Defiance of Authority			
Destruction of Property			
Chronic disruption of instruction			
Weapons			
Use of profanity/vulgar language			
Threats			
Improper use of technology			

*Student is to be referred to the office after one major incident

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

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