

2022-2023 ODR

This form is for all major incidents resulting in an office referral. Please fill out the form completely including any necessary or specific information.

* Required

1. Email *

2. Student Name *

3. Grade Level *

Mark only one oval.

Kindergarten

First Grade

Second Grade

Third Grade

Fourth Grade

4. Date *

Example: January 7, 2019

5. Time of Incident *

Example: 8:30 AM

6. Staff Member Making the Referral *

7. Student's Classroom Teacher *

8. Where Did the Incident Take Place? *

Mark only one oval.

Classroom

Playground

Hallway

Restroom

Cafeteria

Playground

Office

Art

Computers

Library

Music

PE

FEMA

Other

9. Others Involved

10. Prior Documentation or Data Tracking? *

Mark only one oval.

Yes

No

Unsure

11. How many times has this student been positively reinforced (SOAR buck) in the last week?

12. Does the Student have an IEP? *

Mark only one oval.

Yes

No

Unsure

13. Possible Motivation *

Mark only one oval.

Attention from Peers

Attention from Adults

Avoid Peers

Avoid Work

Avoid Adult

Obtain Item

Wanting Control

Other

14. If Other, please explain

Reason for the Referral

Please choose an item below that most closely matches the incident.

15. Safety (severe)

Mark only one oval.

- Fighting/Physical Aggression/Confrontation with intent to cause harm
- Bullying/Harassment
- Danger to self or others
- Threaten to harm or use/bring a weapon
- False emergency/alarm
- Other

16. Respect (severe)

Mark only one oval.

- Defiance/Disrespect/Noncompliance toward adult-Continuous
- Cursing/Vulgar language
- Damage/Destruction of school property
- Other

17. Responsibility (severe)

Mark only one oval.

- Lying/Cheating-Continuous
- Theft
- Other

18. Interventions Administered Prior to Office Referral (check all that apply) *

Check all that apply.

- The expectation for behavior was clarified
- The expectation was retaught
- Student was provided time to reflect/process without support (STAR)
- Student was provided time to reflect/process with support (STAR)
- Repair the harm, circle up, or peace path
- Removal from situation/Sent to buddy room
- Loss of privilege
- Conferred with Principal/Counselor
- Consulted with PLC team
- Grade level representative consulted with Tier 1 team
- SST Referral
- Behavior Support Plan/Student Contract
- Conference/Phone conversation with parents
- None of the Above
- Other: _____

19. Parent Contact (please check all that apply) *

Check all that apply.

- Note home/E- mail
- Phone Call
- Conference
- Text
- Seesaw
- No contact has been made
- Other

20. Parent Contact Notes (optional)

21. Antecedent to the Incident (what happened prior) *

22. Description of Incident (Please include as much detail as possible) *

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