

REFERRAL TO ADMINISTRATOR
Department of Student Services
Lincoln Public Schools

Student's number _____
Student's name _____ Grade _____ School no. _____ School name _____
Date of incident _____ Time of incident _____ a.m. p.m. Referral from _____ Date _____
(first and last name)

I. Reason(s) for referral (letters refer to corresponding items on Student Code of Conduct)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Lack of Cooperation (A) | <input type="checkbox"/> Possessing an Explosive Device, including fireworks (F) | <input type="checkbox"/> Sexual Harassment (B, K) | <input type="checkbox"/> Violating Technology Guidelines (S) |
| <input type="checkbox"/> Insubordination/Verbal Abuse (A) | <input type="checkbox"/> Smoking/Possessing Tobacco (G) | <input type="checkbox"/> Indecency/Sexual Conduct (L) | <input type="checkbox"/> Bullying (T) |
| <input type="checkbox"/> Repeated Lack of Classroom Materials (A) | <input type="checkbox"/> Possessing/Selling/Using/Dispensing Alcohol, Narcotics, Controlled Substance, or like Imitation Substance, also possession of Drug Paraphernalia (G, H) | <input type="checkbox"/> Repeated Violation of School Rules or Violating Laws (M, N) | <input type="checkbox"/> Sexual Assault (U) |
| <input type="checkbox"/> Assault/Fighting (B, D) | <input type="checkbox"/> Excessive Tardiness #: _____ or Absences #: _____ (I, J) | <input type="checkbox"/> Violating Dress Code/Inappropriate Attire/Disruptive Speech (O) | <input type="checkbox"/> Using Force to Cause or Attempting to Cause Personal Injury (V) |
| <input type="checkbox"/> Threats/Intimidation (B, E) | <input type="checkbox"/> Truancy (I) | <input type="checkbox"/> Bus Conduct (P) | <input type="checkbox"/> Possessing, Using, or Transmitting a Dangerous Weapon other than a Firearm (W) |
| <input type="checkbox"/> Stealing (C) | <input type="checkbox"/> Using Inappropriate/Profane/Abusive Language (B, K) | <input type="checkbox"/> Recording the Image or Voice of Another Without Permission/ Failing to Promptly Delete the Recording (Q) | <input type="checkbox"/> Possessing, Using, or Transmitting a Firearm (X) |
| <input type="checkbox"/> Destruction of Property, including the setting of a fire of any magnitude (C) | | <input type="checkbox"/> Plagiarism/Copyright Infringement (R) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Possessing or Using a Weapon, including an item that has the appearance of a weapon (F) | | | |

Staff statement (Note specific behaviors and circumstances) _____

II. Behavior was directed primarily toward Other students Adults Both Neither or not applicable

III. Location of incident Classroom Hall Assembly/auditorium Gym/locker room Lunch room
 Rest room Bus Playground/grounds Other (specify) _____

IV. Situation of incident Before school During class Passing/transition times After school day
 During scheduled activities outside of school Other (specify) _____

V. Action(s) staff has taken prior to this referral (mark all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Checked student's folder | <input type="checkbox"/> Conference with student (date _____) | <input type="checkbox"/> Held conference with parent |
| <input type="checkbox"/> Changed student's seat | <input type="checkbox"/> Telephoned parent (date _____) | <input type="checkbox"/> Referred to Student Assistance Team |
| <input type="checkbox"/> Modified/individualized class work | <input type="checkbox"/> Detained student after school (date _____) | <input type="checkbox"/> Referred to SCIP or other program |
| <input type="checkbox"/> Consulted counselor | <input type="checkbox"/> Sent a report home (date _____) | <input type="checkbox"/> Referral to office/administrator |
| <input type="checkbox"/> Other (specify) _____ | | |

VI. Staff Recommendation(s)

- | | | |
|---|--|---|
| <input type="checkbox"/> Conference and return to class | <input type="checkbox"/> Out of class until conference is held | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Out of class for this period today | <input type="checkbox"/> Refer to _____ | <input type="checkbox"/> Information only _____ |

ADMINISTRATOR SECTION

Student statement _____

Present action and recommendations

- | | | |
|---|---|---|
| <input type="checkbox"/> Parent called | <input type="checkbox"/> Student will make up time | <input type="checkbox"/> Referred to Student Services |
| <input type="checkbox"/> Report sent home | <input type="checkbox"/> In-school supervision _____ days | <input type="checkbox"/> Police called |
| <input type="checkbox"/> Parent conference | <input type="checkbox"/> Student suspended _____ days | Ticket Issued ___ yes ___ no |
| <input type="checkbox"/> Student contract developed | <input type="checkbox"/> Before school or after school detention _____ days | <input type="checkbox"/> Other authority called |
| <input type="checkbox"/> Other actions _____ | | |

Agreement or plan _____

Student signature

Date

Administrator/staff signature

