

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"/> Possession of an explosive device, including fireworks (F) | <input type="checkbox"/> Bus conduct (P) |
| <input type="checkbox"/> Insubordination/verbal abuse (A) | <input type="checkbox"/> Smoking/possession of tobacco (G, H) | <input type="checkbox"/> Use of force to cause or attempting to cause personal injury (R) |
| <input type="checkbox"/> Repeated lack of classroom materials (A) | <input type="checkbox"/> Controlled substance use or possession (G, H) | <input type="checkbox"/> Possession, use, or transmission of a dangerous weapon other than a firearm (S) |
| <input type="checkbox"/> Assault/fighting (B, D) | <input type="checkbox"/> Excessive tardiness #: ____ or absences #: ____ (I, J) | <input type="checkbox"/> Possession, use, or transmission of a firearm (T) |
| <input type="checkbox"/> Threats/intimidation (B, E) | <input type="checkbox"/> Truancy (I) | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Stealing (C) | <input type="checkbox"/> Inappropriate/profane/abusive language (K) | |
| <input type="checkbox"/> Destructive to property including the setting of a fire of any magnitude (C) | <input type="checkbox"/> Dress code/inappropriate attire/indecency (L, O) | |
| <input type="checkbox"/> Possession of/use of a weapon including an item that has the appearance of a weapon (F) | <input type="checkbox"/> Repeated violation of rules or laws (M, N) | |
| | <input type="checkbox"/> Sexual assault (Q) | |
| | <input type="checkbox"/> Sexual harassment (K) | |

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

