OELRICHS SCHOOL DISTRICT OFFICE DISCIPLINE REFERRAL FORM (ODR)

| Student Name | | | Repo | rted By | Date | Time | Teacher/Team | | | |
|---|----------------------------------|--|--|---------------------------------|-------------------------------------|-----------------------------------|---|--|--|--|
| | | Grade | | | | | | | | |
| | | | | | | | | | | |
| SWIS MAJOR PROBLEM BEHAVIOR (Check all that apply) Administration decides which to report in system | | | | | | | | | | |
| | Abusive Language | Fighting | | Possession or Use of Weapons | | ect/Insubordinati ompliance | on Inappropriate Display of Affection | | | |
| | Arson Gang Affiliation | | | Robbery | Disrupt Enviror | ion of Learning ment | Larceny | | | |
| | Assault | Possession or Use of Alcohol | | Vandalism | Dress C | ode Violation | Skipping/Truancy | | | |
| | Bullying/Harassment Behaviors | aviors | | | Encouraging a Conflict | | Technology/Electronic Device Violation | | | |
| | False Fire Alarm/Bomb Threat | Alarm/Bomb Possession or Use of Inhalants | | Combustibles | Forgery | , | Tobacco | | | |
| REASON FOR REFERRAL (Describe Incident) | | | | | | | | | | |
| | | | | | | | | | | |
| LOC | ATION (Check One) | | POSSIBLE MOTIVATION (Check One) | | | OTHERS IN | VOLVED (Check One) | | | |
| | Classroom Library | | Av | Avoid Adults | | None None | | | | |
| | Hallway | - | | Avoid Peers | | Peers | | | | |
| | Commons Area Parking Lot | | Av | Avoid Task/Activities | | Staff | | | | |
| | Outside Area Bus Loading Zone | | Ob | Obtain Adult Attention | | Substitute | | | | |
| | Lunch Area Assembly/Field Trip | | | Obtain Peer Attention | | Administration | | | | |
| | Bathroom Locker Room | | Ob | Obtain Items/Activities | | | Other | | | |
| | Gym | Other Un | | Jnknown | | | | | | |
| <u>11</u> | TERVENTION/ADM | NISTRATIVE DECIS | SION (Cl | neck all that apply) | | | | | | |
| | | | Contract with school | | In School Suspension # of Days: | | | | | |
| | Loss of Privileges 7 | | Fime in Office | | Out of School Suspension # of Days: | | | | | |
| | Parent Contact-Phone C | ontact I | Individualized Instruction | | | Refer to Counselor | | | | |
| OSSI Referral | | | Conflict Resolution/Mediation | | | Superintendent Conf/Board Hearing | | | | |
| | | MAST –Mandatory After School Tutoring | | | Other | | | | | |
| STUDENT RESPONSE: (Office Use Only) | | | | | | | | | | |

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ADMINISTRATION COMMENTS: (Office Use Only)

Your student is suspended for classes for _____ days for violation of the following policy: ______. He/She will remain suspended until ______ and during that time he/she will not be permitted to enter campus or attend classes or official school activities. He/She may return classes on (date), and must check in at the office first thing in the morning of his/her return.

If you have questions or if you would like to discuss this, please feel free to call me.

| If suspended it is for | days beginning | | through | |
|------------------------|----------------|------------------|---------|--------------------------|
| • | | (Beginning Date) | C C | (Last Day of Suspension) |

Student is to return to school on this day and date:_____

If a suspension occurred, is a Superintendent's Review or Board Hearing Required?

Date & Time of Return Conference with student and adult family member:

| Family Member Signature and Date | Student's Signature and Date | Administrator's Signature and Date | | |
|----------------------------------|------------------------------|------------------------------------|--|--|
| | | | | |
| | | | | |
| | | | | |

Meeting Notes: