

Cushing Elementary School

Be Safe ~ Be Kind ~ Do Your Job

Office Discipline Referral (ODR) Form

1 DATE & LOCATION

MON TUES WED THURS FRI Date: _____ Time: _____

- | | |
|---|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Special Events/Assembly/Fieldtrip |
| <input type="checkbox"/> Hall | <input type="checkbox"/> Office |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Art Room |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bus Loading Zone | |

Student: _____

Grade: K4 K5 1 2 3 4 5

Referred by: _____

Homeroom Teacher: _____

2 NATURE OF INCIDENT OR BEHAVIOR

Behavior

Major Behavior

- Abusive Language
- Bullying
- Chronic Disrespect
- Harassment
- Lying
- Physical Aggression
- Property Damage
- Stealing
- Technology Violation
- Other _____

Minor Behavior 4X

- Cheating
- Defiance/Non-Compliance
- Disruption
- Dress Code Violation
- Inappropriate Language
- Incomplete Work
- Loitering
- Misuse of Property
- Physical Contact
- Other _____

Possible Motivation

- Obtain PEER attention
- Obtain ADULT attention
- Obtain ITEMS or ACTIVITIES
- Avoid TASK/ACTIVITIES
- Avoid PEERS
- Avoid ADULTS
- Impulsive Response
- Unknown motivation
- Other motivation _____

Others Involved

- None
- Peers
- Staff
- Substitute
- Unknown
- Others: _____

Notes:

3 CONSEQUENCES GIVEN OR

Administration Decision:

- | | |
|---|--|
| <input type="checkbox"/> Time in Office/Think Plan | <input type="checkbox"/> In-School Suspension |
| <input type="checkbox"/> Loss of Privilege | <input type="checkbox"/> Out of School Suspension |
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Other Administration Decision |
| <input type="checkbox"/> Parent Contact | |
| <input type="checkbox"/> Time Out | |
| <input type="checkbox"/> Detention | |
| <input type="checkbox"/> Restitution | |
| <input type="checkbox"/> Community Service | |
| <input type="checkbox"/> Individualized Instruction | |
| <input type="checkbox"/> Bus Suspension | |

Notes:

Consequence will be given after student meets with building principal. Notice of consequence will be sent home to parent.

Administrator's Signature _____

4 PARENT FOLLOW – UP: PLEASE DISCUSS THIS INCIDENT/BEHAVIOR WITH YOUR CHILD, SIGN & RETURN THIS TO SCHOOL THE FOLLOWING DAY.

- Parent Signature NOT Requested
- Parent Signature Requested

PARENT SIGNATURE _____ **Date** _____