

**Please Circle**  
Minor Major

**CONVAL REGIONAL HIGH SCHOOL  
Office Referral Form**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Offense: \_\_\_\_\_

**Location**

- |  |                                   |                              |
|--|-----------------------------------|------------------------------|
| <input type="checkbox"/> Classroom/Library | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Hallways          | <input type="checkbox"/> Campus   |                              |
| <input type="checkbox"/> Café              | <input type="checkbox"/> Event    |                              |

**Classroom Managed (Minor)**

- Inappropriate Language
- Defiance/Disrespect
- Disruption
- Dress Code
- Fighting/Physical Aggression
- Forgery/Theft
- Harassment/Bullying
- Lying/Cheating
- Property Damage
- Skip Class/Truancy
- Tardy

**Office Managed (Major)**

- Inappropriate Language (staff)
- Disrespect/ Defiance
- Disruption
- Dress Code - chronic
- Fighting/Physical Aggression
- Forgery/Theft
- Harassment/Bullying
- Lying/Cheating
- Vandalism
- Skip Class/Truancy
- Chronic Tardy

**Office Managed (Major)**

- Combustibles
- Tobacco
- Sexual Harassment
- Drugs
- Bomb Threat
- Alcohol
- Forgery
- Arson
- Other

**Possible Motivation**

- |  |   |
|--|---|
| <input type="checkbox"/> Avoid Adult         | <input type="checkbox"/> Seek Adult Attention |
| <input type="checkbox"/> Avoid Peer          | <input type="checkbox"/> Seek Peer Attention  |
| <input type="checkbox"/> Avoid Task/Activity | <input type="checkbox"/> Other: _____         |

**Others Involved**

- |                                |                                  |                                       |
|--------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> None  | <input type="checkbox"/> Staff   | <input type="checkbox"/> Substitute   |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other: _____ |

**Staff Comments (Optional):**

\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

**Teacher Action**

- Time in Office
- Student Conference
- Parent Contact
- Teacher Detention

**Administrative Action**

- Time in Office
- Student Conference
- Loss of Privilege
- Admin. Detention
- Parent Call
- Parent Letter
- Parent Conference
- Saturday Detention

- In School Suspension
- Out of School Suspension
- Referral to Principal/SAU
- Police Report
- Other

Dates to serve: \_\_\_\_\_

**Administrator's Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal/Assistant Principal: \_\_\_\_\_

Date: \_\_\_\_\_