

Should an office referral become necessary, please email the following form to the appropriate person.

## Henry M. Jackson High School

### Student Behavior Referral

Please email this referral to the appropriate person indicated below:

**12<sup>th</sup> Grade:** Sechin Tower | **11<sup>th</sup> Grade:** Michelle Renée | **10<sup>th</sup> Grade:** Dani Mundell | **9<sup>th</sup> Grade:** Erik Heinz  
**Attendance-Related:** Kristina Monten

Student Name:		Grade:		Date:		Time/ Period:	
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Referring Staff:	
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☐ Classroom ☐ Hallway ☐ Restroom ☐ Commons/Annex ☐ Gym ☐ Other:

#### Select the interventions used (minimum of 3) prior to referring for MINOR incidents.

- ☐ Verbal cue/Redirection ☐ Private conversation with student ☐ Lunch Duty  
☐ Parent Communication ☐ Parent Conference  
☐ Referral to Counselor ☐ Referral to Success Coordinator ☐ Attendance/Behavior Contract

Other:

Off-Task	Disruptive	Theft/ Academic Dishonesty	Dangerous
<input type="checkbox"/> Failure to follow instructions <input type="checkbox"/> Tardiness/ Truancy <input type="checkbox"/> Verbal defiance to directions Other:	<input type="checkbox"/> Abusive/Aggressive Language <input type="checkbox"/> Disruption of student learning <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Non-threatening physical contact <input type="checkbox"/> Lewd Behavior / Language Other:	<input type="checkbox"/> Cheating <input type="checkbox"/> Plagiarism <input type="checkbox"/> Property Damage/Vandalism Other:	<input type="checkbox"/> Fighting/Physical Aggression <input type="checkbox"/> Harassment/Bullying (over time) <input type="checkbox"/> Illegal Substances <input type="checkbox"/> Threats Other:

#### Describe the behavior and incident. Be *specific*.

Student was notified of this referral on (date).