Behavior Referral

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:								
Alpha TBD: Sechin Tower Alpha TBD: Michelle Renée Alpha TBD: Bethany Stoddard Alpha TBD: Erik Heinz Attendance-Related: Kristina Monten								
Student Name:			Grade:	Date:			ime/ eriod:	
Referring Staff:								
□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		
☐ Failure to folloinstructions ☐ Tardiness/ Tru ☐ Verbal defiand directions Other:	uancy	☐ Abusive/Aggre Language ☐ Disruption of selearning ☐ Inappropriate leed Non-threatening ☐ Non-threatening ☐ Lewd Behaviote Language Other:	student anguage	☐ Cheating ☐ Plagiarism ☐ Property Damage/Vandalism	m	☐ Fight Aggress ☐ Hara (over tir ☐ Illegs ☐ Thres Other:	sion ssment/l ne) al Substa	Bullying
Describe the behavior and incident. Be specific.								
Student was notified of this referral on (date).								
Student was notified of this felefral on (date).								