



RICHARD MONTGOMERY HIGH SCHOOL

STUDENT REFERRAL FORM

Name of Student: _____ Grade: ___9___10___11___12

Referred by: _____ Period: ___1___2___3___4___5___6___7___Lunch

Date: _____ This form is submitted for: _____ Information _____ Action
(Check one)

Reason for Referral:

- | | | |
|---|---|--|
| <input type="checkbox"/> Assault (physical) (100) | <input type="checkbox"/> Forgery (150) | <input type="checkbox"/> Smoking (200) |
| <input type="checkbox"/> Attendance Issues (110) | <input type="checkbox"/> Insubordination (160) | <input type="checkbox"/> Theft (210) |
| <input type="checkbox"/> Class disruption (120) | <input type="checkbox"/> Portable Comm. Device (170) | <input type="checkbox"/> Extortion (220) |
| <input type="checkbox"/> Computer Misuse (130) | <input type="checkbox"/> Profanity (180) | <input type="checkbox"/> Vandalism (230) |
| <input type="checkbox"/> Drugs/Alcohol (140) | <input type="checkbox"/> Sexual Harassment/Offenses (260) | <input type="checkbox"/> Verbal Abuse/Threat (270) |
| <input type="checkbox"/> Fighting (105) | <input type="checkbox"/> Skipped Detention (190) | <input type="checkbox"/> Weapon (240) |
| <input type="checkbox"/> Other (250) | | |

Specific description of infraction: _____

- I would like to talk with you before you deal with this student.
 I need to confer with you prior to the student returning to class.
 I have contacted the parents.

Previous Interventions By Teacher:

- | | | |
|------------------------------------|---|---|
| <input type="checkbox"/> Warning | <input type="checkbox"/> Time out | <input type="checkbox"/> Student/teacher conference |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Parent contact | <input type="checkbox"/> Previous referral |

Action Taken by the Grade Dean			
<input type="checkbox"/> Conference	<input type="checkbox"/> Warning	<input type="checkbox"/> Class exclusion	<input type="checkbox"/> Apology letter
Detention Dates: _____			
Suspension: ___In-school___ Out-of-school Dates: _____			
Called parent (Phone #) _____ Name _____			
Comments: _____ _____ _____			
Administrator's Initials: _____		Date: _____	