CITY SCHOOL DISTRICT OF ALBANY

OFFICE REFERRALS SUMMARY

STUDENT:       GRADE:

Total Number of Office Referrals included in the review:       Start of School Day:       End of Day:

Office Referrals Dated       to       were included in this review.

How to Complete the Form:

\*Note Number of Referrals/Location at each Time Slot

\*Give actual Time (i.e., 9:20 or 9:05 noted in the half hour time slot between 9:00 and 9:30)

\*Check column indicating if behavior was peer-to-peer, student-to-adult or other. If “other” make a note of what behavior involved (ex: destruction of property, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIME BY HALF HOUR | NUMBER OFREFERRALS | LOCATION(S) | ACTUAL TIME(S) IF AVAILABLE | TYPE OF BEHAVIOR | INTENSITY/SEVERITY RANGE |
| PEER TO PEER(PTP) | STUDENT TO ADULT(STA) | OTHER(O) | 1 | 2 | 3 | 4 | 5 |
| 7:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 1:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 2:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3:00 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3:30 |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

 \*Use intensity/severity rubric below

OFFICE REFERRALS SUMMARY (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| NOTE THE CLUSTER OF HIGHEST NUMBEROF REFERRALS (EX: 7) | NOTE WHEN/WHERETIME/LOCATION CLUSTEROCCURRED | TYPE OF BEHAVIOR | INTENSITY/ SEVERITYRANGE |
|       |       |  |  to  |
|       |       |  |  to  |
|       |       |  |  to  |

NOTES:

*Intensity/Severity of Disruptive Behavior Rating Rubric*

1. Behavior is confined only to the observed student.

*May include such behaviors as: refusal to follow directions, scowling, crossing arms, pouting, or muttering under his/her breath.*

1. Behavior disrupts others in the student’s immediate area.

*May include: slamming textbook closed, dropping book on the floor, name calling, or using inappropriate language*.

1. Behavior disrupts everyone in the class.

*May include: throwing objects, yelling, open defiance of teacher directions, or leaving the classroom.*

1. Behavior disrupts other classrooms or common areas of the school.

*May include: throwing objects, yelling, open defiance of school personnel’s directions, or leaving the school campus*.

1. Behavior causes or threatens to cause physical injury to student or others.

*May include: display of weapons, assault on others.*