



# DAVISON COMMUNITY SCHOOLS REFERRAL FORM (for Grades 05 - 08)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Referrer Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**Description of Incident:**  
(note injuries) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location:**  Playground  Library  Cafeteria  Restroom  Bus  
 Hallway  Classroom  Arrival/Dismissal  Other: \_\_\_\_\_

**Others Involved:**  Peer, Staff & Roles: \_\_\_\_\_  Witness  Victim  
\_\_\_\_\_  Witness  Victim  
\_\_\_\_\_  Witness  Victim  
\_\_\_\_\_  Witness  Victim

**Actions taken prior to similar referral to office:**  
 Student Conference  Parent Conference  Parent contact  CHAMPS Expectations  
 Daily Parent Note  Behavior Contract  Changed Student Seating  Planned Discussion  
 Reteaching  15 Sec Intervention  Classroom Detention  Alternate Classroom  
 Other: \_\_\_\_\_



## OFFICE USE ONLY (continued on reverse side)

Incident Number: \_\_\_\_\_

**Section 1310d Disciplinary Factors, MCL 380.1310d**  
Before issuing any discipline, Section 1310d requires school officials to consider the following factors:

1. Did the student possess a firearm on school property or at a school event?  
Yes  No   
*If Yes, there is no need to complete the remainder of this section.*
2. Student's DOB: \_\_\_\_\_ Age at time of alleged offense: \_\_\_\_\_
3. Does student have a disciplinary history? Yes  No 
  - a. If Yes, briefly describe relevant discipline:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Is the current misconduct similar to past misconduct?  
Yes  No

4. Is the student a student with a disability?  
 Yes  No
- a. Check Yes if any of the following are true:
- i. Individual Education Plan or 504 Plan;
  - ii. Currently being evaluated for IDEA or Section 504 eligibility;
  - iii. Parent/guardian has expressed concern in writing to a supervisor, administrator, or teacher that the student needs special education and related services;
  - iv. Parent/guardian has requested a special education evaluation; or
  - v. Teacher or other personnel expressed specific concern directly to special education or other supervisory personnel about student's pattern of behavior.
- b. Check No if none of the above factors apply, or if the student was evaluated for IDEA or Section 504 eligibility but found ineligible, or if the school sought permission to evaluate and the parent/guardian declined, or if the parent/guardian revoked consent for or refused IDEA or Section 504 services.
5. Did the misconduct threaten the safety of any student or staff member?  
 Yes  No
6. Will restorative practices be used to address the misconduct?  
 Yes  No
- a. Restorative practices must be considered in addition to, or in lieu of, suspension or expulsion.
- b. If restorative practices will be used, briefly describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Is there an intervention other than suspension/expulsion that would address the misconduct?  
 Yes  No
- a. If Yes, will the lesser intervention be used?  
 Yes  No
- b. If No, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. If No, will restorative practices be used in addition to suspension? (explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

I have considered the above factors, and the seriousness of the misconduct, and I have determined that the following discipline is appropriate:

**ADMINISTRATIVE ACTION TAKEN**

**Violation Category:** \_\_\_\_\_ **Violation:** \_\_\_\_\_

**Disposition Code:**

<input type="checkbox"/> Warning	<input type="checkbox"/> Loss of privileges	_____ Days	Date(s): _____
<input type="checkbox"/> Behavior plan	<input type="checkbox"/> Detention	_____ Hours	Date(s): _____
<input type="checkbox"/> Refer to counselor	<input type="checkbox"/> PBS/Time in office	_____ Days	Date(s): _____
<input type="checkbox"/> Parent conference	<input type="checkbox"/> Out of school suspension	_____ Days	Date(s): _____
<input type="checkbox"/> Restorative Practices	<input type="checkbox"/> Student Conference		Date(s): _____
<input type="checkbox"/> Community Service	Date(s): _____		Details: _____
<input type="checkbox"/> Victim/Offender Conference	Date(s): _____		
<input type="checkbox"/> Restorative Circle	Date(s): _____		
<input type="checkbox"/> Formal Conference	Date(s): _____		
<input type="checkbox"/> Other:	_____		

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent Contacted:**  Yes  No **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_