



DAVISON COMMUNITY SCHOOLS REFERRAL FORM (for Grades K – 4)

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 Phone Conference Parent contact 15 Sec. Intervention
 Daily Parent Note Behavior Contract Changed Student Seating Reteaching
 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:** _____