

REFERRAL FORM

ACHIEVE
(Tipuranga)

Pupil's Name: _____ Date: _____ Time: _____

Class Teacher: _____ Year: _____ Referred by: _____

Location:

- Classroom Playground Office Library
 Toilet / Cloakbay Outside gates Canteen/Hall Sports Shed
 Pool EOTC/Special occasions Assembly/Special visitors Other

Minor Problem Behaviour	
<input type="checkbox"/>	Inappropriate language
<input type="checkbox"/>	Physical contact
<input type="checkbox"/>	Defiance
<input type="checkbox"/>	Disruption
<input type="checkbox"/>	Property misuse
<input type="checkbox"/>	Tardy
<input type="checkbox"/>	Electronic violation
<input type="checkbox"/>	Other

Major Problem Behaviour	
<input type="checkbox"/>	Abusive Language
<input type="checkbox"/>	Fighting
<input type="checkbox"/>	Physical aggression
<input type="checkbox"/>	Defiance/Disrespect/Disruption
<input type="checkbox"/>	Harassment / Bullying
<input type="checkbox"/>	Inappropriate display affection/Sexualised Behaviour
<input type="checkbox"/>	Electronic violation
<input type="checkbox"/>	Lying / Cheating
<input type="checkbox"/>	Skipping Class
<input type="checkbox"/>	Property Damage / Vandalism
<input type="checkbox"/>	Forgery / Theft
<input type="checkbox"/>	Arson / combustibles / Weapons

Possible Motivation	
<input type="checkbox"/>	Obtain peer attention
<input type="checkbox"/>	Obtain adult attention
<input type="checkbox"/>	Obtain items / activities
<input type="checkbox"/>	Avoid Peers
<input type="checkbox"/>	Avoid Adult
<input type="checkbox"/>	Avoid task or activity
<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Other Motivation

<input type="checkbox"/>	Unknown Motivation

Consequences / Decision - Syndicate Leader / Principal

<input type="checkbox"/>	Loss of privilege
<input type="checkbox"/>	Conference with Student
<input type="checkbox"/>	Parent Contact
<input type="checkbox"/>	Time Out / Reflection
<input type="checkbox"/>	Restitution / Restorative

<input type="checkbox"/>	Individualized Instruction
<input type="checkbox"/>	In-school Suspension (____) hours / days
<input type="checkbox"/>	Out of School Suspension (____) hours /days
<input type="checkbox"/>	Other

Others involved in incident: None Peers Staff Teacher Reliever
 Unknown Other

If others involved, please list names.

Other comments: *e.g. outline of event.*

What led to this behaviour?
(Interview with child)

Restorative Justice. (Process Intervention)

Teacher:

Signed: _____

Principal / SENCO

Signed: _____

Reason for Behaviour

- “I don’t understand what I should be doing”
- “I don’t feel safe”
- “I don’t like this task”
- “I’m tired/hungry/unwell”
- “I need a break / this work is hard”
- “I need help”
- “Leave me alone”
- “I don’t feel valued”
- “I am being bullied”
- “I don’t know how to respond”
- “I don’t like being asked to do something”
- Home incident

Through discussion with child the following concerns were raised:
