

**HRES Low Level Referral Form**  
**BE SAFE! BE RESPONSIBLE! BE RESPECTFUL!**

Student: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Time of incident: \_\_\_\_:\_\_\_\_ Date of incident: \_\_\_\_\_ Grade \_\_\_\_\_

Location	Problem Behavior	Staff Intervention Administered
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> ESS <input type="checkbox"/> Library <input type="checkbox"/> Lunch area <input type="checkbox"/> MPR <input type="checkbox"/> Office <input type="checkbox"/> On bus/ bus area <input type="checkbox"/> Playground <input type="checkbox"/> Restrooms <input type="checkbox"/> Stairs <input type="checkbox"/> Walkway <input type="checkbox"/> _____	<input type="checkbox"/> Cheating <input type="checkbox"/> Defiance: _____ <input type="checkbox"/> Disrespect: _____ <input type="checkbox"/> Disruption: _____ <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying <input type="checkbox"/> Non-compliance <input type="checkbox"/> Not doing homework <input type="checkbox"/> Physical contact <input type="checkbox"/> Property Misuse <input type="checkbox"/> Refusal to dress: PE <input type="checkbox"/> Tardy <input type="checkbox"/> Trash/littering <input type="checkbox"/> _____	<input type="checkbox"/> Checked student understanding of expectation <input type="checkbox"/> Clarified how behavior did not meet expectation <input type="checkbox"/> Collaborated with colleagues <input type="checkbox"/> Cued / prompted student <input type="checkbox"/> Evaluated students skills repertoire: academic / behavior <input type="checkbox"/> Met with / talked to parent <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Provided warnings prior to LLR <input type="checkbox"/> Reviewed student data for patterns and trends <input type="checkbox"/> Taught/modeling appropriate behavior <input type="checkbox"/> _____ _____

Student signature: \_\_\_\_\_ Teacher signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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