

Responsible Thinking Process – RC Referral Form

Date _____ Time Sent _____ Negotiation Time _____

Person Making the Referral _____

Student _____ has been referred to the
Responsibility Center for continuing to violate the rights of others.

Were the questions asked? Yes _____ No _____

1. Briefly describe the first disruption where the student was asked to think about what he/she was doing in relation to the rules. (Please be specific) Please explain in more detail item checked if not clear and/or add a disruption not mentioned below.

Check item where appropriate:

<input type="checkbox"/> talking when teacher is talking	<input type="checkbox"/> making noises
<input type="checkbox"/> talking when a student is talking	<input type="checkbox"/> out of seat
<input type="checkbox"/> talking disrespectfully	<input type="checkbox"/> throwing things
<input type="checkbox"/> tapping	<input type="checkbox"/> not keeping hands and feet to self
<input type="checkbox"/> interrupting, calling out	<input type="checkbox"/> tardy (include dates above)

2. Briefly describe the next disruption that resulted in the student going to the Responsibility Center. (Please be specific) Please explain in more detail item checked if not clear and/or add a disruption not mentioned below.

Check item where appropriate:

<input type="checkbox"/> talking when teacher is talking	<input type="checkbox"/> making noises
<input type="checkbox"/> talking when a student is talking	<input type="checkbox"/> out of seat
<input type="checkbox"/> talking disrespectfully	<input type="checkbox"/> throwing things
<input type="checkbox"/> tapping	<input type="checkbox"/> not keeping hands and feet to self
<input type="checkbox"/> interrupting, calling out	

3. Briefly describe any additional violations of school rules, student comments, and/or behaviors after the second disruption.

Comments _____

What other information needs to be known?

Classroom Teacher Parent Contact Information:

Date _____ Phone Call _____ Parent Conference _____ Note sent home _____

Resource or Special Times _____