



Bus Referral --- Print clearly on hard surface (*three-part form*)

| | | | |
|------------------------|----------------------|--------------------------|--|
| Student's Name: | Date: | Time of Incident: | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Driver's Name: | Route Number: | School: | |

| Interventions Prior to Referral <i>(Log interventions below for reference, include date if known)</i> | Behaviors Referred to School |
|--|--|
| <ul style="list-style-type: none"> ✓ Re-teaching of expectations ✓ Seat change ✓ Assigned seat / where: ✓ Seat partner / who: ✓ Conference with student ✓ Other – please detail: | <ul style="list-style-type: none"> <input type="checkbox"/> Not following driver directions <input type="checkbox"/> Bullying (same day notice to school office) <input type="checkbox"/> Eating or chewing gum <input type="checkbox"/> Fighting (same day notice to school office) <input type="checkbox"/> Inappropriate language, swearing <input type="checkbox"/> Late for bus <input type="checkbox"/> Physical contact – pushing, hitting, kicking (same day notice to school office) <input type="checkbox"/> Littering <input type="checkbox"/> Safety violation – circle violation: Standing or switching seats while bus in motion, part of body in bus aisle, yelling, any part of body out window, disruptive behavior, or _____ <input type="checkbox"/> Unsafe at bus stop, observed by _____ <input type="checkbox"/> Instigating or participating in _____ <input type="checkbox"/> Other – please detail below: |
| Others Involved in Incident: <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Bus Aide <input type="checkbox"/> Driver <input type="checkbox"/> Unknown <input type="checkbox"/> Other | |
| Incident details: | |

| School/Administrative Action | | |
|--|--|---|
| <input type="checkbox"/> Student conference <input type="checkbox"/> Behavior skills training <input type="checkbox"/> Behavior contract | <input type="checkbox"/> Peer mediation <input type="checkbox"/> Restitution/restorative justice strategies/fix-it plan <input type="checkbox"/> Parent/guardian contacted | <input type="checkbox"/> Loss of privilege _____ <input type="checkbox"/> Parent/guardian conference <input type="checkbox"/> Other _____ <input type="checkbox"/> Suspension from bus. Dates: _____ |
| Details / Instructions: | | |
| Parent/student comments: | | |

Parent Signature

Student Signature

Administrator: _____ Date: _____ Time: _____