RESPONSIBILITY ROOM REFERRAL FORM

Name/ID: ________________________________ Time: ___________ Date: ____________
Teacher: _____________________________ Hour/Class: ____________________________

Reason for sending student to Responsibility Room

☐ Disrespectful of others          ☐ Inappropriate Language
☐ Non Participation               ☐ Sleeping
☐ Not Prepared for Class          ☐ Violating Electronic Restrictions
☐ Dress Code Violation           ☐ Academic Misconduct on Formative Assignments (cheating/copying)
☐ Disrupting Instruction: Describe Behavior: ____________________________
☐ Other: _________________________

Student should be sent back to class this hour? YES  NO (Circle one)

Teacher needs to meet with responsibility room teacher and student before the student can return to class?

YES  NO

Student Office Referral Feedback

Name/ID: ________________________________ Time: ___________ Date: ____________
Teacher: _____________________________ Hour/Class: ____________________________

Reason for sending student to Responsibility Room

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☐ Non Participation               ☐ Sleeping
☐ Not Prepared for Class          ☐ Violating Electronic Restrictions
☐ Dress Code Violation           ☐ Academic Misconduct on Formative Assignments (cheating/copying)
☐ Disrupting Instruction: Describe Behavior: ____________________________
☐ Other: _________________________

Student should be sent back to class this hour? YES  NO (Circle one)
What happened?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

What were you thinking about at the time?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

What have you thought about since?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Who has been affected by what you have done? In what way?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

What do you think you need to do to make things right?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Responsibility Room Teacher signature __________________________ Time and Date: ______________________

PLEASE RETURN THIS TO OFFICE