# PBS Incident Referral Form – Parents / Caregivers Copy

**Name:** ______________________________  **Date:** ____________  **Time:** ____________

**Grade:** K 1 2 3 4 5 6

**Incident Location:**
- Toilet
- Library
- Canteen
- Bus Lines
- Arrival/Dismissal
- Playground - Top
- Middle
- Bottom
- Concrete
- Classroom
- Other ______________________

## Moderate Problem Behaviour
- Inappropriate language
- Physical contact
- Defiance
- Disruption
- Dress Code (continuous)
- Property misuse
- Late Arrival (continuous)
- Cyber Safety Policy Violation
- Out of Bounds
- Other ________________

## Major Problem Behaviour
- Abusive language
- Fighting
- Physical aggression
- Defiance/Disrespect
- Harassment/Bullying
- Dress Code
- Inappropriate Display
- Affection
- Cyber Safety Policy Violation
- Lying/ Cheating
- Other ________________

## Possible Motivation
- Obtain peer attention
- Obtain adult attention
- Obtain items/activities
- Avoid Peer(s)
- Avoid Adult
- Avoid task or activity
- Don’t know
- Other ________________

## Administrative Decision
- Loss of privilege/ Time out
- Time in office
- Conference with student
- Parent Contact
- Individualised instruction
- In-school suspension (____hours/ days)
- Out of school suspension (____ days)
- Other ________________

**Others involved in incident:** None  Peers  Staff  Teacher  Casual Teacher  Unknown  Other

**Comments:** ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________________

**Teacher:** ______________________________

**Parent / Caregiver to fill in:**

**Parent Signature:** ______________________________  **Date:** ____________

- I do not need any further follow up on this matter
- I need to talk to the students’ teacher
- I need to talk to the Assistant Principal / Principal

**Contact Number:** ______________________________  **Best Time:** ____________

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