

SWIS Referral: Elementary Example

Who

Student	Referring Sta&	Others Involved
Name _____	Name _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____

Context (when and where)

Date	Location
Time	<input type="checkbox"/> Classroom <input type="checkbox"/> Distance Learning <input type="checkbox"/> Hall/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Playground/Outdoor <input type="checkbox"/> Locker Room <input type="checkbox"/> Gym <input type="checkbox"/> Art Room <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Common Area <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Off Campus <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other _____

What Behavior

Sta&-managed Behavior	Administrator-Managed Behavior <i>(Circle most impactful to learning/climate)</i>
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Material/Property Misuse <input type="checkbox"/> Physical Contact/ Aggression <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Tech Violation <input type="checkbox"/> Tardy <input type="checkbox"/> Disrespect* <input type="checkbox"/> Disruption* <input type="checkbox"/> Defiance/ Non-compliance* <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive/Inappropriate Language <input type="checkbox"/> Academic Dishonesty <input type="checkbox"/> Lying <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Skip Class <input type="checkbox"/> Tardy <input type="checkbox"/> Theft <input type="checkbox"/> Defiance/Non-compliance* <input type="checkbox"/> Disrespect* <input type="checkbox"/> Disruption* <input type="checkbox"/> Fighting <input type="checkbox"/> Bullying <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Harassment – <i>Identify Subtype</i> <input type="checkbox"/> Gender <input type="checkbox"/> Physical Characteristics <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual <input type="checkbox"/> Disability/Exceptionality <input type="checkbox"/> Ethnicity <input type="checkbox"/> Other _____ <input type="checkbox"/> Inappropriate Location <input type="checkbox"/> Technology Violation <input type="checkbox"/> Threatening Behavior <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Bomb Threat/False Alarm <input type="checkbox"/> Other _____

Staff Perceptions and Response

Perceived Motivation	Actions Taken <i>(Circle most severe)</i>
Escape/Avoid <input type="checkbox"/> Adult(s) <input type="checkbox"/> Peer(s) <input type="checkbox"/> Tasks/Activities/Sensory Obtain <input type="checkbox"/> Adult <input type="checkbox"/> Peer <input type="checkbox"/> Items/Activities/Sensory	<input type="checkbox"/> Conference with Student <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Caregiver/Guardian Contact <input type="checkbox"/> Request for Additional Support <input type="checkbox"/> Restorative Practice – <i>Identify Subtype</i> <input type="checkbox"/> Chat <input type="checkbox"/> Impromptu Circle <input type="checkbox"/> Other _____ <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Additional Attendance <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Alternative Placement <input type="checkbox"/> Classroom Exclusion/Time-Out <input type="checkbox"/> Detention <input type="checkbox"/> In-School Suspension ____ days <input type="checkbox"/> Out-of-School Suspension ____ days <input type="checkbox"/> Expulsion <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____ Seclusion/Restraint <input type="checkbox"/> None <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Seclusion & Restraint

Notes



SWIS Referral: Sta&-managed (minor) Only Example

Who

Student	Referring Sta&	Others Involved
Name _____	Name _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____

Context

Date	Location
	<input type="checkbox"/> Classroom <input type="checkbox"/> Distance Learning <input type="checkbox"/> Hall/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Playground/Outdoor <input type="checkbox"/> Locker Room <input type="checkbox"/> Gym <input type="checkbox"/> Art Room <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Common Area <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Off Campus <input type="checkbox"/> Other _____

What Behavior

Sta&-managed Behavior
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Disrespect <input type="checkbox"/> Material/Property Misuse <input type="checkbox"/> Tech Violation <input type="checkbox"/> Disruption <input type="checkbox"/> Physical Contact/ Aggression <input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other _____

Staff Perceptions and Response

Perceived Motivation	Actions Taken (Circle most severe)
<input type="checkbox"/> Esc Adult(s) <input type="checkbox"/> Esc Tasks/Activ/Sensory <input type="checkbox"/> Obt Adult Attn <input type="checkbox"/> Obt Peer Attn <input type="checkbox"/> Obt Items/Activ/Sensory	<input type="checkbox"/> Restorative Practice – Identify Subtype <input type="checkbox"/> Chat <input type="checkbox"/> Impromptu Circle <input type="checkbox"/> Conference <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Caregiver Contact <input type="checkbox"/> Request for Additional Support <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Additional Attendance <input type="checkbox"/> Classroom Exclusion/Time-Out <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____

SWIS Referral: Sta&-managed (minor) Only Example

Who

Student	Referring Sta&	Others Involved
Name _____	Name _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____

Context

Date	Location
	<input type="checkbox"/> Classroom <input type="checkbox"/> Distance Learning <input type="checkbox"/> Hall/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Playground/Outdoor <input type="checkbox"/> Locker Room <input type="checkbox"/> Gym <input type="checkbox"/> Art Room <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Common Area <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Off Campus <input type="checkbox"/> Other _____

What Behavior

Sta&-managed Behavior
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Disrespect <input type="checkbox"/> Material/Property Misuse <input type="checkbox"/> Tech Violation <input type="checkbox"/> Disruption <input type="checkbox"/> Physical Contact/ Aggression <input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other _____

Staff Perceptions and Response

Perceived Motivation	Actions Taken (Circle most severe)
<input type="checkbox"/> Esc Adult(s) <input type="checkbox"/> Esc Tasks/Activ/Sensory <input type="checkbox"/> Obt Adult Attn <input type="checkbox"/> Obt Peer Attn <input type="checkbox"/> Obt Items/Activ/Sensory	<input type="checkbox"/> Restorative Practice – Identify Subtype <input type="checkbox"/> Chat <input type="checkbox"/> Impromptu Circle <input type="checkbox"/> Conference <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Caregiver Contact <input type="checkbox"/> Request for Additional Support <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Additional Attendance <input type="checkbox"/> Classroom Exclusion/Time-Out <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____



SWIS Referral: Middle or High Example

Who

Student	Referring Staff	Others Involved
Name _____	Name _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____

Context

Date	Location
Time	<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Distance Learning <input type="checkbox"/> Bathroom/Restroom <input type="checkbox"/> Playground/Outdoor <input type="checkbox"/> Locker Room <input type="checkbox"/> Art Room <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Vocational Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Common Area <input type="checkbox"/> Athletic Field/Stadium <input type="checkbox"/> Gym <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Dormitory <input type="checkbox"/> Off Campus <input type="checkbox"/> Other _____

What Behavior

Staff-managed Behavior	Administrator-managed Behavior <i>(Circle most impactful to learning/climate)</i>
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Material/Property Misuse <input type="checkbox"/> Physical Contact/ Aggression <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Defiance/ Non-compliance* <input type="checkbox"/> Disrespect* <input type="checkbox"/> Disruption* <input type="checkbox"/> Other _____ <i>*Remember to use our shared school definitions</i>	<input type="checkbox"/> Abusive/Inappr. Language/Profanity <input type="checkbox"/> Disruption* <input type="checkbox"/> Academic Dishonesty <input type="checkbox"/> Lying <input type="checkbox"/> Theft <input type="checkbox"/> Defiance/ Non-compliance* <input type="checkbox"/> Disrespect* <input type="checkbox"/> Inappr. Display of Affection <input type="checkbox"/> Technology Violation <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> School-issued <input type="checkbox"/> Personal <input type="checkbox"/> Fighting <input type="checkbox"/> Bullying <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Skip Class <input type="checkbox"/> Tardy <input type="checkbox"/> Truancy <input type="checkbox"/> Gang Affiliation Display <input type="checkbox"/> Threatening Behavior <input type="checkbox"/> Property Dam/Vandalism <input type="checkbox"/> Inappr. Location/Out of Bounds Area <input type="checkbox"/> Harassment – <i>Identify Subtype</i> <input type="checkbox"/> Gender <input type="checkbox"/> Physical Characteristics <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual <input type="checkbox"/> Disability/Exceptionality <input type="checkbox"/> Ethnicity <input type="checkbox"/> Other _____ Use/Possession of <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco/Nicotine <input type="checkbox"/> Restricted Substances <input type="checkbox"/> Combustibles <input type="checkbox"/> Weapons – <i>Identify Subtype</i> : <input type="checkbox"/> Gun <input type="checkbox"/> Knife > 6 inches <input type="checkbox"/> Knife < 6 inches <input type="checkbox"/> Other _____

Staff Perceptions and Response

Perceived Motivation	Actions Taken <i>(Circle most severe)</i>
Escape/Avoid <input type="checkbox"/> Adult Attn <input type="checkbox"/> Peer Attn <input type="checkbox"/> Tasks/Activities/Sensory Obtain <input type="checkbox"/> Adult Attn <input type="checkbox"/> Peer Attn <input type="checkbox"/> Items/Activities/Sensory	<input type="checkbox"/> Conference with Student <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Caregiver/Guardian Contact <input type="checkbox"/> Request for Additional Support <input type="checkbox"/> Restorative Practice – <i>Identify Subtype</i> <input type="checkbox"/> Chat <input type="checkbox"/> Impromptu Circle <input type="checkbox"/> Conference <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Additional Attendance <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Detention <input type="checkbox"/> Exclusion/Time-Out <input type="checkbox"/> Alternative Placement <input type="checkbox"/> In-School Suspension ____ days <input type="checkbox"/> Out-of-School Suspension ____ days <input type="checkbox"/> Expulsion <input type="checkbox"/> Action Pending <input type="checkbox"/> Other _____ Seclusion/Restraint <input type="checkbox"/> None <input type="checkbox"/> Restraint <input type="checkbox"/> Seclusion <input type="checkbox"/> Seclusion & Restraint

Notes

SWIS Referral: K-12 Example (with custom fields)

Please fill out all sections of the form. If information is unknown after follow-up, contact _____ for support.

Who

Student	Referring Staff	Others Involved
Name _____ Supports <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> BIP	Name _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Other _____

Context (when and where)

Date	Location
	<input type="checkbox"/> Classroom <input type="checkbox"/> Distance Learning <input type="checkbox"/> Hall/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Playground/Outdoor <input type="checkbox"/> Locker Room <input type="checkbox"/> Gym <input type="checkbox"/> Art Room <input type="checkbox"/> Library <input type="checkbox"/> Music Room <input type="checkbox"/> Computer Lab <input type="checkbox"/> Common Area <input type="checkbox"/> Special Event/Field Trip <input type="checkbox"/> Off Campus <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other _____
Time	
Custom/Extra	Time out of Instruction <input type="checkbox"/> <5 min <input type="checkbox"/> 6-15 min <input type="checkbox"/> 16-30 min <input type="checkbox"/> 31-60 min <input type="checkbox"/> >1hr Hallway <input type="checkbox"/> east <input type="checkbox"/> west <input type="checkbox"/> north <input type="checkbox"/> south

What Behavior

Staff-managed Behavior	Administrator-managed Behavior (Circle most impactful to learning/climate)
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Material/Property Misuse <input type="checkbox"/> Physical Contact/ Aggression <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Tech Violation <input type="checkbox"/> Tardy <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Defiance/ Non-compliance <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive/Inappropriate Language <input type="checkbox"/> Academic Dishonesty <input type="checkbox"/> Lying <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Skip Class <input type="checkbox"/> Tardy <input type="checkbox"/> Theft <input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Technology Violation <input type="checkbox"/> Threatening Behavior <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Inappropriate Location/Out of Bounds Area <input type="checkbox"/> Other _____

Staff Perceptions and Response

Perceived Motivation	Actions Taken (Circle most severe)
Escape/Avoid <input type="checkbox"/> Adult Attn <input type="checkbox"/> Peer Attn <input type="checkbox"/> Tasks/Activities/Sensory Obtain <input type="checkbox"/> Adult Attn <input type="checkbox"/> Peer Attn <input type="checkbox"/> Items/Activities/Sensory	<input type="checkbox"/> Conference with Student <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Caregiver/Guardian Contact <input type="checkbox"/> Request for Additional Support <input type="checkbox"/> Restorative Practice <input type="checkbox"/> Community Service <input type="checkbox"/> Restitution <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Additional Attendance <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Classroom Exclusion/Time-Out <input type="checkbox"/> Detention <input type="checkbox"/> In-School Suspension ____ days <input type="checkbox"/> Out-of-School Suspension ____ days <input type="checkbox"/> Expulsion <input type="checkbox"/> Action Pending <input type="checkbox"/> Other Action Taken _____

Notes