

**Appendix D: Code of Conduct (SAMPLE OFFICE REFERRAL)**

**NOVA CENTRAL ACADEMY  
SAMPLE OFFICE REFERRAL (CONDUCTIVE TO DATA COLLECTION)**

Date: \_\_\_\_\_ Day: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Referral to:  Principal  
 Vice-Principal  
 Counselor

Referred By: \_\_\_\_\_

Advisor: \_\_\_\_\_

**Issue(s) of Concern**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Disrespect          | <input type="checkbox"/> Classroom Behaviour     | <input type="checkbox"/> Offensive Language             |
| <input type="checkbox"/> Attendance          | <input type="checkbox"/> Non-Classroom Behaviour | <input type="checkbox"/> Field Trip/Athletics Behaviour |
| <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Theft                   | <input type="checkbox"/> Computer Abuse                 |
| <input type="checkbox"/> Illegal Substance   | <input type="checkbox"/> Vandalism               | <input type="checkbox"/> Inappropriate Dress            |
| <input type="checkbox"/> Smoking             | <input type="checkbox"/> Truancy                 | <input type="checkbox"/> Inappropriate Gestures         |
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Lying                   | <input type="checkbox"/> Fighting                       |
| <input type="checkbox"/> Throwing Objects    | <input type="checkbox"/> Defiance                | <input type="checkbox"/> Homophobic / racial slurs      |
| <input type="checkbox"/> Weapon              | <input type="checkbox"/> Safety Risk             | <input type="checkbox"/> Other _____                    |

**Description of Behaviour:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Assembly     | <input type="checkbox"/> Off-Campus  |
| <input type="checkbox"/> Bus          | <input type="checkbox"/> Bathroom    |
| <input type="checkbox"/> Library      | <input type="checkbox"/> Classroom   |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Stairwell   |
| <input type="checkbox"/> Gym          | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Science Lab  | <input type="checkbox"/> _____       |
| <input type="checkbox"/> Hallway      |                                      |

**Time**

- |   |
|---|
| <input type="checkbox"/> Before School        |
| <input type="checkbox"/> 8:50 AM – 10:50 AM   |
| <input type="checkbox"/> Recess               |
| <input type="checkbox"/> 11:05 AM – 12:05 PM  |
| <input type="checkbox"/> Lunch                |
| <input type="checkbox"/> 1:00PM – 3:00 PM     |
| <input type="checkbox"/> After School/Weekend |

**Others Involved**

- |   |
|---|
| <input type="checkbox"/> Peers          |
| <input type="checkbox"/> Teacher        |
| <input type="checkbox"/> Staff          |
| <input type="checkbox"/> Other(s) _____ |

**Previous Action with this same problem?**

**Action**

- |  |
|--|
| <input type="checkbox"/> Time-Out/Removal      |
| <input type="checkbox"/> Call Home             |
| <input type="checkbox"/> Teacher-Student Conf. |
| <input type="checkbox"/> Parent Conf.          |

**Date(s)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action**

- |   |
|---|
| <input type="checkbox"/> Classroom Management |
| <input type="checkbox"/> Administration       |
| <input type="checkbox"/> Counselor            |
| <input type="checkbox"/> Other: _____         |

**Date(s)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Administrative Consequences**

Action By: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Warning           | <input type="checkbox"/> Detention             | <input type="checkbox"/> Detention @ Break/Lunch | <input type="checkbox"/> Teacher/Student Conference |
| <input type="checkbox"/> Parent Conference | <input type="checkbox"/> Referred to Counselor | <input type="checkbox"/> In-School Suspension    | <input type="checkbox"/> Out-of-School Suspension   |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Copies to: \_\_\_\_\_ Dates of Consequence: \_\_\_\_\_

WORKING DRAFT