



St Therese Catholic Primary School
Office Discipline Referral (ODR) Form

Major Classroom and Non-Classroom Behaviour

Student's Name: _____ Date: _____ Time: _____ Class: _____

Location

- Classroom Music PE
- Little Bank Library
- Big Bank Basketball Court
- Back Playground Canteen
- Front Playground Bus Line (Basement)
- Toilets near library Bus Line (Canteen)
- Basement / Toilets

Staff's Name and Signature: _____

Problem Behaviour	Possible Motivation	Consequences/ Decision
<p>Major</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical contact/ aggression <ul style="list-style-type: none"> • Intentionally knocking over desks • Throwing chairs <input type="checkbox"/> Inappropriate language <ul style="list-style-type: none"> • Sustained aggressive or threatening language <input type="checkbox"/> Defiance/ Non-compliance <ul style="list-style-type: none"> • Leaving learning space and refusing to return <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <ul style="list-style-type: none"> • Consistently and deliberately interrupting other children's learning • Refusing to comply with normal teacher requests • Repeated refusal to complete tasks • Throwing things around room - dangerous • Using property in a threatening way <input type="checkbox"/> Harassing <ul style="list-style-type: none"> • Any form of cyber bullying • Intimidating others with words or actions <input type="checkbox"/> Property misuse <ul style="list-style-type: none"> • Intentionally using resources / equipment in a dangerous or threatening manner • Not following Use of 	<ul style="list-style-type: none"> <input type="checkbox"/> Peer attention <input type="checkbox"/> Adult attention <input type="checkbox"/> Get items /activities <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid task / activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Conference with student(s) <input type="checkbox"/> Loss of privilege(s) <input type="checkbox"/> Detention <input type="checkbox"/> Time-out (office) <input type="checkbox"/> Parent contact – phone call <input type="checkbox"/> Parent contact – letter home <input type="checkbox"/> Referral to Review/SPB₄L team <input type="checkbox"/> Intervention support request CEO <input type="checkbox"/> In school- removed from usual instructional setting <input type="checkbox"/> Out-of-school suspension (_____ days) <input type="checkbox"/> Other _____

Technology policy

4 Minor behaviour referrals

Other _____

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

Other comments: _____

Leadership Signature: _____