



# SHALOM CHRISTIAN COLLEGE

## BEHAVIOUR COMMUNICATION FORM

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Other children involved: \_\_\_\_\_

Referring Teacher/Supervising Adult: \_\_\_\_\_ CLASSROOM PLAYGROUND BOARDING OTHER  
 (Please circle appropriate area)

**REASONS FOR REFERRAL:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Non-compliance    | <input type="checkbox"/> Aggressive behaviour                  | <input type="checkbox"/> Refusal to follow school rules |
| <input type="checkbox"/> Throwing objects  | <input type="checkbox"/> Bullying                              | <input type="checkbox"/> Substance abuse (smoking etc)  |
| <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Vandalism (property damage, graffiti) | <input type="checkbox"/> Unacceptable moral behaviour   |
| <input type="checkbox"/> Swearing          | <input type="checkbox"/> Theft                                 | <input type="checkbox"/> Wagging                        |

**DESCRIPTION OF BEHAVIOUR:**

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**STAFF ACTION:**

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Warning/Redirection          | <input type="checkbox"/> Timeout | <input type="checkbox"/> Exiting to office |
| <input type="checkbox"/> Other (please specify) _____ |                                  |  |

**DESCRIPTION OF ACTION TAKEN:**

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**RECOMMENDED ACTION:**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Detention                 | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> PC School         | <input type="checkbox"/> Individual Behaviour Plan | <input type="checkbox"/> Call Parent |

**ADMINISTRATION USE ONLY:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Discussion           | <input type="checkbox"/> Apology           | <input type="checkbox"/> Warning – revisit school rules |
| <input type="checkbox"/> Timeout in office    | <input type="checkbox"/> Parental contract | <input type="checkbox"/> Individual Behaviour Plan      |
| <input type="checkbox"/> Suspension           | <input type="checkbox"/> Expulsion         | <input type="checkbox"/> Counselling                    |
| <input type="checkbox"/> Entered on PC School | <input type="checkbox"/> Other             |   |

**ACTION TAKEN BY THE ADMINISTRATION:**

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Signature: \_\_\_\_\_

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