

Name: _____

Grade: _____

**NORTHSIDE TECH MIDDLE SCHOOL
DIAMOND POSITIVE REFERRAL FORM**

| | | | |
|-------------------------|--|------------------|--|
| Referring Staff: | | Room No.: | |
| Incident Date: | | Time: | |

Expectation(s) Observed:

| | | | |
|-------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Northside students practice safety | <input type="checkbox"/> Treat people and property with respect | <input type="checkbox"/> Manage time and tasks | <input type="checkbox"/> Strive for success |
|-------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|---------------------------------------------|

Behavior Observed:

| | | |
|---------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Amazing | <input type="checkbox"/> Great | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Awesome | <input type="checkbox"/> Helpful | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Brave | <input type="checkbox"/> Honest | <input type="checkbox"/> Smart |
| <input type="checkbox"/> Bright | <input type="checkbox"/> Honorable | <input type="checkbox"/> Smiling |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Incredible | <input type="checkbox"/> Spectacular |
| <input type="checkbox"/> Diligent | <input type="checkbox"/> Kind | <input type="checkbox"/> Splendid |
| <input type="checkbox"/> Encouraging | <input type="checkbox"/> Mature | <input type="checkbox"/> Stellar |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Thoughtful |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Perfect | <input type="checkbox"/> Ultimate |
| <input type="checkbox"/> Fabulous | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Unbelievable |
| <input type="checkbox"/> Fantastic | <input type="checkbox"/> Positive | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Productive | <input type="checkbox"/> Wondrous |
| <input type="checkbox"/> Generous | <input type="checkbox"/> Remarkable | <input type="checkbox"/> Other: _____ |

Remarks:

Actions Taken By Employee:

| | | |
|------------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> High Five | <input type="checkbox"/> Parent Phone Call | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pat On The Back | <input type="checkbox"/> Parent Note | <input type="checkbox"/> Other: _____ |

Others Involved:

| | | |
|--------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Staff | <input type="checkbox"/> Substitute |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Teacher | <input type="checkbox"/> Names: _____ |

Administrative Action:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------|
| <input type="checkbox"/> Student Conference | <input type="checkbox"/> Parent Phone Call | <input type="checkbox"/> Thanks |
| <input type="checkbox"/> High Five | <input type="checkbox"/> Pat On The Back | <input type="checkbox"/> Praise |
| Positive Referral No. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | Parent Notified, Date: _____ |

Student's Signature

Date

Administrator's Signature

Date