After School Program Referral Form

Student Name:	Referring Staff:
School Site:	Location: _____ Date: _____ Time:_____

Categories of Problem Behavior	Reason for Referral (May Select Multiple)	
Non-Responsive to In-Program Correction	o Noncompliance to request o Disruptive behavior	o Verbal aggression (name calling, mild threat, teasing, cursing) o Program walkout
Immediate site coordinator support required	o Physical violence or aggression o Property damage o Illegal substances	o Weapons o Threats of violence against others or self
Bullying and Harassment	o Bullying	o Sexual Harassment
Description of Incident		

Hypothesis for the Behavior (May Select Multiple)		
Why do you think the student engaged in the behavior?	o Get attention from other student(s) o Get access to preferred item or activity o Avoid doing academic work for emotional reasons	o Avoid academic work because unable to access curriculum o Protest something doesn't want to do o Hungry or tired o Response to negative interaction with peer o Response to corrective interaction with adult

Supports Provided Today (May Select Multiple)		
What support did you provide?	o Proximity Support (e.g. moving into vicinity of student of concern) o Modified environment (e.g., changed seating) or task (e.g., type of work) to gain compliance o Redirection tactic to get student back on track	o Verbal prompt to engage in appropriate behavior o Positive reinforcement for alternative, desirable behavior o Staff-student correction o Affective language o Restorative conversation o Responsive circle o Allowed student time to think to make a good choice o None due to extreme nature of the behavior o Other:_____
Description of Support (attach another page if		

needed)	
Responder to Fill Out Remaining Sections	
Student Hypothesis For Own Behavior	o Get attention from other student(s) o Get access to preferred item or activity o Avoid academic work because unable to access curriculum o Protest something doesn't want to do o Hungry or tired o Response to negative interaction with peer **o** Response to corrective interaction with adult o Other: _____
Solution-Focused Plan (May Select Multiple)	
Skill Building	**o** Planned Check-in with Site Coordinator to work on emotional regulation or coping skills **o** Coach or consult with Program Leader to improve proactive practices **o** Implement a Tier 2 intervention (e.g. Behavior Contract) **o** Elicit parent support o Improve physiology by implementing plan to remediate hunger and/or sleep problems
Restorative	o Restorative conversation o Formal restorative conference o Program reentry and restorative conference o Responsive circle
Punitive	o Loss of privileges o Detention o Written apology o Suspension
Description of Plan	

Estimated Time Out of Program Activities:

<div align="center">**Referral/Suspension**</div>

As a result, were any of the students (check one) injured? ___Yes ___No   **Injury Report Needed?** ____Yes ____No

As a result, were any of the students (check one) suspended/expelled from the Program? _____ Yes _____ No

- ❏ Received by Site Coordinator _____(Date/Time)
- ❏ Email copy to ExCEL After School Programs at excelasp@sfusd.edu
- ❏ If needed, take copy to School-Based Team (SAP or CARE Team) to discuss if further action or support is necessary. Date of Team Meeting:_____