

# Hector A. Cafferata Elementary

## Positive Student Referral

A. Student Name	Time of Referral	Student ID	Incident Date
B. Incident Type: <span style="margin-left: 100px;"><b>S.O.A.R.</b></span>			
Safe	Open to Others	A+ Attitude	Responsible
C. Incident Location:			
Administrative Office	Music	Hallway	
Bus Ramp	Science	Bus # _____	
Classroom # _____	Computer Lab	Lunch Room	
Media Center	Art		
School Sponsored Event	PE		
D. Incident Context:			
During School Hours		Non-School Hours	
E. Incident Involvement:			
Single Student	Multiple Students	Non-Student	
F. Referred/Reported by:			
Name: _____			
G. Reason for Referral: _____			
_____			
_____			
_____			
_____			
H. Action Taken:			
Note in Planner	Call Home	<b>S.O.A.R.</b> Token	Award

