



St Joseph's Primary School

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PBS Incident Referral Form – Parents / Caregivers Copy

Name: _____ Date: _____ Time: _____

Grade: K 1 2 3 4 5 6

Incident Location:

- Toilet Library Canteen Bus Lines Arrival/Dismissal
 Playground - Top Middle Bottom Concrete Classroom
 Other _____

Moderate Problem Behaviour	Major Problem Behaviour	Possible Motivation
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Physical contact <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code (continuous) <input type="checkbox"/> Property misuse <input type="checkbox"/> Late Arrival (continuous) <input type="checkbox"/> Cyber Safety Policy Violation <input type="checkbox"/> Out of Bounds <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical aggression <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Dress Code <input type="checkbox"/> Inappropriate Display <input type="checkbox"/> Affection <input type="checkbox"/> Cyber Safety Policy Violation <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____
Administrative Decision		
<input type="checkbox"/> Loss of privilege/ Time out <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact	<input type="checkbox"/> Individualised instruction <input type="checkbox"/> In-school suspension (____ hours/ days) <input type="checkbox"/> Out of school suspension (____ days) <input type="checkbox"/> Other _____	

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

Comments: _____

Teacher: _____

Parent / Caregiver to fill In:

Parent Signature: _____ Date: _____

- I do not need any further follow up on this matter I need to talk to the students' teacher
 I need to talk to the Assistant Principal / Principal

Contact Number: _____ Best Time: _____