

Name: _____ Grade _____

**Omaha High School
Positive Referral Form**

Referral Number 1 2 3 4 5 6 7 8

Referring Staff	Incident Date/Time
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Expectation(s) Observed

Be Respectful <input type="checkbox"/>	Be Responsible <input type="checkbox"/>	Be Safe <input type="checkbox"/>	Be Kind <input type="checkbox"/>
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Behavior(s) Observed

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"/>	Wonderful <input type="checkbox"/>
Generous <input type="checkbox"/>	Remarkable <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Remarks

Action taken by referring staff

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 _____ <input type="checkbox"/>

Administrative action

High Five <input type="checkbox"/>	Parent Phone Call <input type="checkbox"/>	Thanks <input type="checkbox"/>
Pat on the back <input type="checkbox"/>	Student Conference <input type="checkbox"/>	Praise <input type="checkbox"/>

Student's Signature	Date	Administrator's Signature	Date
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