** COASTAL GEORGIA COMPREHENSIVE ACADEMY**

**INTENSIVE INTERVENTION REFERRAL FORM**

|  |
| --- |
| **Student Name: *(Last)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(First)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Grade: \_\_\_\_\_\_\_\_\_\_\_ Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Level:**  |  | **Foundations** |  | **Progress** |  | **Progress-On Contract**  |
| **Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |  |
| **Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |  **Administrative Decision:** |
| **Time of Incident: \_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_ AM PM** |  |  | **Extended II (\_\_\_\_\_\_hrs/Days)** |
| **Mindset:****Physical restraint Required: Yes No** |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of Program Manager** |
| *If a physical restraint occurs, you must complete this form (page 1), the disciplinary referral form (page 2) and attach the safety intervention & r*estraint *form (page 3). Please include in the summary of the incident a description of the physical intervention required. A copy of these forms must be turned into the administrators and the student’s homeroom teacher* |  |  |
|  | **Was the Student seen by the Nurse following incident? Yes No** |
| **Staff Member Involved:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Other Staff Member Involved/ Witnesses:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Justification – Student is endangering:** **Themselves Others Imminent** |  | **Time Seen by Nurse: \_\_\_\_\_: \_\_\_\_\_ AM PM** |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of School Nurse** |
|  | **Was the Therapy Room used? Yes No****Time entered \_\_\_\_\_\_: \_\_\_\_\_\_ AM PM****Time left \_\_\_\_\_\_: \_\_\_\_\_\_ AM PM** |

|  |
| --- |
| **Behavior that caused the Referral: *(Select only ONE behavior per referral)*** |
|  | **Academic Dishonesty** 029 |  | **Dress Code Violation** 031 |  | **Threat/ Intimidation** 017  |
|  | **Attendance Related** 030  |  | **Fighting** 008 |  | **Tobacco Use** 018 |
|  | **Battery** 003  |  | **Gang Related** 035 |  | **Trespassing** 019  |
|  | **Bullying** 029  |  | **Sexual Harassment** 015 |  | **Vandalism** 020 |
|  | **Disorderly Conduct** 006 |  | **Theft** 011 |  | **Other Disciplinary Incident** 023 |
|  |  |  |

**SUMMARY OF THE INCIDENT:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature**