** COASTAL GEORGIA COMPREHENSIVE ACADEMY**

**INTENSIVE INTERVENTION REFERRAL FORM**

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| **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** | | |

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| **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:**

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**Staff Signature**