SWISTM Referral Form Compatibility Checklist & Discussion Outline

## Referral Form Compatibility Checklist

The SWIS Referral Form Compatibility Checklist is used to ensure that all required categories are documented on the referral form used for data entry.

## Referral Form Discussion Outline (Optional)

The SWIS Referral Form Discussion Outline is intended as a supplemental tool for SWIS Facilitators and school teams when they meet to create/adapt the school’s referral form to fit the SWIS data entry requirements.

Discussions should include representatives from across the school and will occasionally require input from all staff (e.g., staff survey, all-faculty meeting) to ensure that the form contents meet the needs of the entire school community. The goal of referral form discussions is to keep the data collection, data entry, and reporting of problem behavior information intuitive, simple, predictable and useful for monitoring and improving the social culture of the school. Agreement on problem behavior definitions and the procedures to use across all staff reduces the possibility of errors or distorted data.

*Recommended Items to collect for discussion:*

* SWIS Referral Form Compatibility checklist
* Current referral form
* Current documentation of problem behavior definitions
* Current documentation of referral system or process

# SWIS Referral Form Compatibility Checklist

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| --- | --- | --- | --- |
| **School**  **:** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Compatibility Item** | | | | | **Date** | | | **Date** | |
| 1. | Does a form exist that is SWIS compatible for SWIS data entry that includes the required categories (listed below)? | | | Yes | | No | Yes | | No |
|  | a. | Student name | | Yes | | No | Yes | | No |
|  | b. | Student’s grade level | | Yes | | No | Yes | | No |
| c. Referring staff member | | | | Yes | | No | Yes | | No |
|  | d. | Date of incident | | Yes | | No | Yes | | No |
|  | e. | Time of incident | | Yes | | No | Yes | | No |
|  | f. | Location of incident | | Yes | | No | Yes | | No |
|  | g. | Problem Behavior | | Yes | | No | Yes | | No |
|  | h. | Perceived Motivation | | Yes | | No | Yes | | No |
|  | i. | Others involved | | Yes | | No | Yes | | No |
|  | j. | (Optional) Restraint/Seclusion | | Yes | | No | Yes | | No |
| k. Actions Taken | | | | Yes | | No | Yes | | No |
|  | l. | (Optional) Notes | | Yes | | No | Yes | | No |
| m. (Optional) Custom Fields | | | | Yes | | No | Yes | | No |
| 2. | Does a set of definitions exist that clearly defines all categories on the office discipline referral form? | | | Yes | | No | Yes | | No |
| 3. | Does a clear distinction between problem behaviors that are staff managed versus office managed exist? | | | Yes | | No | Yes | | No |
| 4. | Is the referral process documented and available for staff reference? | | | Yes | | No | Yes | | No |
| **Next review date:** | | |  | | | | | | |

**Redesign your process, form, and definitions until answers to all questions are “Yes.” When answers to all questions are “Yes”, readiness requirements 4 & 5 are complete.**

# SWIS Referral Form Discussion Outline

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| --- | --- | --- | --- |
| **Discussion Item** | **Task** | **Who** | **By When** |
| 1. Identify Major and/or Minor **Problem Behaviors** to include on the form from the SWIS list of problem behaviors. |  |  |  |
| 1. Define all problem behaviors using the SWIS Office Referral Definitions as a guide.    1. Identify any problem behavior sub-categories for customized field (e.g., texting in class, listening to iPod).    2. Determine the number of secondary behaviors to collect .    3. Identify how primary and secondary behaviors will be recorded on the form. |  |  |  |
| 1. Identify all **Locations** to include on the form from the SWIS list.    1. Identify any location sub- categories for customized field (e.g., east hallway, west hallway) . |  |  |  |
| 4. Discuss staff confidence levels around identifying the **Perceived Motivation** of problem behavior. |  |  |  |
| 1. Identify list of **Actions Taken** used at the school and to be included on the referral form.    1. Identify any sub-categories for customized field (e.g., call home, email sent, letter sent).    2. Determine the number of secondary behaviors to collect (Default: 0). |  |  |  |
| c. Identify how primary and secondary behaviors will be recorded on the form. |  |  |  |

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| --- | --- | --- | --- |
| 6. Use the compatibility checklist to ensure that other required information fields are included on the form. |  |  |  |
| 1. Create a staff training plan and schedule.   *Address the following:*   * 1. Consensus among staff on identifying what each behavior looks like (i.e. fighting versus physical aggression, major versus minor).   2. Consistent response procedures when major and minor problem behaviors are observed.   3. Completing all sections of the referral form appropriately.   4. Procedure for turning in form.   5. Schedule and staffing for data entry.   6. Schedule and staffing for generating data summaries.   7. Plan for school-wide staff training on perceived motivation. |  |  |  |
| 8. Other discussion item: |  |  |  |
| 9. Other discussion item: |  |  |  |
| 10. Other discussion item: |  |  |  |