** Cholla High Magnet School *TMR*- Teacher Managed Referral Form**

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| **Student’s Name: Grade:** | **Matriculation #:** |
| **Referring Person:** | **Date: Interventions in Synergy ?**  **(Check box- DO NOT SUBMIT**  **UNLESS INTERVENTIONS ARE**  **DOCUMENTED.)** |
| **Minor Infraction (Teacher Managed Behavior):** | **Dates of Occurrences/ Interventions: (LIST ALL 4.)** |
| **Additional Information (Optional):** | |

***ADMINISTRATIVE ACTION(S) TAKEN:*  (Do not write below this line. Office personnel only.)**

**Synergy Documentation Verified**

**Parent/Guardian Contacted by: (check) Phone \_\_\_\_\_ Letter \_\_\_\_\_ Conference \_\_\_\_\_ Email \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Consequence/ Outcome/ Intervention(s)- Describe/ Document in Synergy (Conference)***

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**Administrator/ Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**