



WENTZVILLE R-IV SCHOOL DISTRICT TRANSPORTATION DEPARTMENT

POSITIVE REINFORCEMENT SCHOOL BUS REFERRAL FORM

DATE _____ TIME _____ BUS # _____

STUDENT NAME _____

SCHOOL _____

REFERRED BY BUS DRIVER _____

EXPLANATION OF THE SITUATION OR BEHAVIOR (state exactly what you observed)

ACTION REQUESTED: *CELEBRATE!*

ADMINISTRATOR COMMENTS: _____

To the Parent:

We are very proud of your child's choices and think that you can be proud as well. It takes special effort to do something that deserves a positive bus referral. You are welcome to keep this for your child's accomplishment. A copy has been placed in his/her file.

Administrator

Date