

Student Behavior Form

Name: _____ Grade Level: _____		School: _____													
Parent: <input type="checkbox"/> OR Student: <input type="checkbox"/>		Incident Type: <input type="checkbox"/> Minor OR <input type="checkbox"/> Major													
Incident Day / Date / Time: _____		Reported By: _____ Date Reported: _____													
Incident Site (Where)															
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Office <input type="checkbox"/> Gym <input type="checkbox"/> Parking Lot /Loading <input type="checkbox"/> Restroom <input type="checkbox"/> Library <input type="checkbox"/> Cafeteria /Commons <input type="checkbox"/> Off Campus <input type="checkbox"/> Other: _____															
Incident Type (What)		Motivation (Why)													
Major Minor <input type="checkbox"/> <input type="checkbox"/> Inappropriate Language / Gesture <input type="checkbox"/> <input type="checkbox"/> Fighting – Physical Aggression <input type="checkbox"/> <input type="checkbox"/> Defiance – Insubordination <input type="checkbox"/> <input type="checkbox"/> Cheating – Copying – Plagiarism <input type="checkbox"/> <input type="checkbox"/> Bullying – Harassment – Intimidation <input type="checkbox"/> <input type="checkbox"/> Disruption (Classroom or School) <input type="checkbox"/> <input type="checkbox"/> Reporting to class / activity late <input type="checkbox"/> <input type="checkbox"/> Skipping Class / Activity <input type="checkbox"/> <input type="checkbox"/> TAD (Tobacco / Alcohol / Drugs) (circle) <input type="checkbox"/> <input type="checkbox"/> Theft <input type="checkbox"/> <input type="checkbox"/> Vandalism <input type="checkbox"/> <input type="checkbox"/> Weapons <input type="checkbox"/> <input type="checkbox"/> Other		<input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Task or Activity <input type="checkbox"/> Obtain Attention <input type="checkbox"/> Obtain Items <input type="checkbox"/> Do Not Know <input type="checkbox"/> Will Not Tell <input type="checkbox"/> Other: _____													
		<input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Parent Contact <input type="checkbox"/> Student Conference <input type="checkbox"/> Parent Conference <input type="checkbox"/> Detention / JUG <input type="checkbox"/> Referred to School Administration <input type="checkbox"/> Other: _____													
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Adult(s) Involved</th> <th style="width: 50%;">Name(s)</th> </tr> <tr> <td><input type="checkbox"/> Faculty</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Support Staff</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Peers</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Guest Teacher</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td>_____</td> </tr> </table>		Adult(s) Involved	Name(s)	<input type="checkbox"/> Faculty	_____	<input type="checkbox"/> Support Staff	_____	<input type="checkbox"/> Peers	_____	<input type="checkbox"/> Guest Teacher	_____	<input type="checkbox"/> None	_____
Adult(s) Involved	Name(s)														
<input type="checkbox"/> Faculty	_____														
<input type="checkbox"/> Support Staff	_____														
<input type="checkbox"/> Peers	_____														
<input type="checkbox"/> Guest Teacher	_____														
<input type="checkbox"/> None	_____														
Incident Description															
Administrative Action															
Parents Contacted <input type="checkbox"/> Yes – Time: _____															
<input type="checkbox"/> Time in Office <input type="checkbox"/> Student Conference <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Apology Letter <input type="checkbox"/> Restitution		<input type="checkbox"/> Detention / JUG on: <input type="checkbox"/> Community Service: <input type="checkbox"/> Saturday School on: <input type="checkbox"/> Suspension (See Below) <input type="checkbox"/> Expulsion Recommended (See Below)													
School Suspension		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="checkbox"/> In School</td> <td style="width: 20%;">Number of Days:</td> <td style="width: 20%;">From: : / /</td> <td style="width: 20%;">To: / /</td> </tr> <tr> <td><input type="checkbox"/> Out of School</td> <td>Number of Days:</td> <td>From: : / /</td> <td>To: / /</td> </tr> </table>		<input type="checkbox"/> In School	Number of Days:	From: : / /	To: / /	<input type="checkbox"/> Out of School	Number of Days:	From: : / /	To: / /				
<input type="checkbox"/> In School	Number of Days:	From: : / /	To: / /												
<input type="checkbox"/> Out of School	Number of Days:	From: : / /	To: / /												
Explanation of Action Taken:															

Administration Signature: _____

Date: _____
☐ See Back Side for further details: