

- Discipline Referral
- Behavioral Documentation

BEHAVIORAL RECORD

Student's Name: _____ Referring Person: _____

Grade: P4J K 1 2 3 4 5 6 7 8 9 10 11 12 Date of Behavior: _____ Time of Behavior: _____

Location:

- | | | | |
|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Restroom | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Field Trip/Assembly | <input type="checkbox"/> Gym/Fitness Center/Locker Room | <input type="checkbox"/> LMC |
| <input type="checkbox"/> Office Area | <input type="checkbox"/> Cafeteria (Lunch Room) | <input type="checkbox"/> Outside (School Grounds) | <input type="checkbox"/> Other: _____ |

If multiple behaviors are checked, please identify the primary behavior for our records.

Problem Behavior:

Classroom Managed (Referrals)

- Tardy: 1 2 3 4
- Cell Phone/Inappropriate Telecommunications
- Disruptive to Class/Non-Compliance
- Cheating/Minor Academic Dishonesty
- Electronic Devices/Minor Technology Violation
- Infringement of Personal Space (Non-Fighting)
- Inappropriate Clothing/Attire
- Personal Display of Affection
- Inappropriate Language
- Other _____

Office Managed

- | | |
|---|---|
| <input type="checkbox"/> Abusive/Aggressive Language/Verbal Attack | <input type="checkbox"/> Battery |
| <input type="checkbox"/> Physical Attack on Staff | <input type="checkbox"/> Threats/Intimidating Acts/Bullying |
| <input type="checkbox"/> Forgery/Major Academic Dishonesty | <input type="checkbox"/> Truancy/Truancy Pick-up |
| <input type="checkbox"/> Repeated Tardiness (5 or more tardies) | <input type="checkbox"/> Vandalism/Graffiti |
| <input type="checkbox"/> Fighting/Physical Aggression /Safety Violation | <input type="checkbox"/> Left Class w/o Pass |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Weapons/Look-Alike |
| <input type="checkbox"/> Skipped Detentions | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Drugs/Look-Alike | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Chronic Classroom Behaviors (please describe) | <input type="checkbox"/> Other _____ |

Description of Behavior:

Possible Reason for Behavior:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Seeking Peer Attention | <input type="checkbox"/> Obtain Object/Activity | <input type="checkbox"/> Avoid Adult(s) | <input type="checkbox"/> Anger from Previous Situation |
| <input type="checkbox"/> Seeking Adult Attention | <input type="checkbox"/> Avoid Peer(s) | <input type="checkbox"/> Avoid Task/Activity | <input type="checkbox"/> Unknown |

Others Involved:

- None Peer(s) Teacher(s) Support Staff Substitute Unknown

Actions Taken:

Classroom (Referrals)

- Verbal Warning/Behavior Correction
- Conference/Re-Teach Expectations Date(s): _____
- Parent Contact (Required when multiple redirects are needed)
Date: _____ Who was Contacted: _____
- Outcome of Conversation: _____
- Time with Teacher Date(s): _____
- Loss of Privilege(s) Date(s): _____
- Referral to _____ Date: _____
- Request for RtI Problem Solving Team (Please Attach)

Office Managed

- Considered Bullying Considered Harassment Considered Discrimination
By: Sex/Sexual Orientation/Race/Nationality/Ancestry/Pregnancy/Marital Status/Disability
- Conference/Re-Teach Expectations Restorative Justice Probation Contacted
- Parent Contact/Conference Date: _____ Who was Contacted: _____
- _____ Detention(s) [Before/After] School Date(s): _____
- In-School Suspension: Number of day(s) _____ [Period(s) or Time] _____
- Out-of-School Suspension: Number of day(s) _____ Return on: _____
- Parking Permit Revoked Computer Access Suspended for: _____
- Referred to Police Arrested: Charge: _____ (optional)
- Recommended for: Pre-expulsion Conference. or Expulsion

Comments:

Date _____ Administrator _____ Phone Number 743- _____