

McLAURIN ELEMENTARY MINOR INCIDENT FORM

Student: _____ Grade: _____

Homeroom: _____ Date: _____ Time: _____

Documenting Person: _____ Title: _____

<u>LOCATION:</u>	<u>STUDENT:</u>	<u>MOTIVATION:</u>	<u>PREVIOUS ACTIONS:</u>
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Special Class (specify) _____ <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading <input type="checkbox"/> Car Loading <input type="checkbox"/> Assembly <input type="checkbox"/> Field Trip <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Disrespect <input type="checkbox"/> Class disruption <input type="checkbox"/> Physical contact/ Physical Aggression <input type="checkbox"/> Inappropriate Lang. <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Technology Violation <input type="checkbox"/> Lying/ Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Other <input type="checkbox"/> Defiance	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain teacher attention <input type="checkbox"/> Obtain item/activity <input type="checkbox"/> Avoid Task <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer <u>OTHERS INVOLVED:</u> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____	<input type="checkbox"/> Warning <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Teacher Conference w/ student <input type="checkbox"/> Parent Conference/called <input type="checkbox"/> Time-out in room <input type="checkbox"/> Time-out in another room <input type="checkbox"/> Problem solving <input type="checkbox"/> Separation of students <input type="checkbox"/> Recess Detention <input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> Loss of access to items <input type="checkbox"/> Other _____

Description of Behavior: _____

ACTIONS TAKEN
<input type="checkbox"/> Parent Contacted: _____ Date _____ Time _____ <input type="checkbox"/> Face to Face Conversation <input type="checkbox"/> Telephone Conversation (Phone #) _____ <input type="checkbox"/> Left Message at (Phone#) _____ <i>Additional Notes</i> _____ <input type="checkbox"/> Student Assignment <input type="checkbox"/> Conference with teacher <input type="checkbox"/> Recess Detention _____ <input type="checkbox"/> Other _____

STUDENT PROBLEM SOLVING PLAN

What expectation(s) did you break? Respectful Responsible Ready to Learn

What did you want? Attention Avoid my work Revenge Other _____

Was it a wise choice? _____ What will you do differently next time? _____

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

(Parent, please sign and return to your child's teacher)

White- Office Yellow- Parent Pink -Teacher