

Wausau School District
Behavior Tracking Form – Elementary

School: _____ Student Name: _____ Grade: _____

Teacher: _____ Referring Staff: _____

Date: ___/___/___ Time: _____

| | | |
|---|---|---|
| Location: <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Office | <input type="checkbox"/> Gym <input type="checkbox"/> Computer Lab <input type="checkbox"/> Library <input type="checkbox"/> Art Room <input type="checkbox"/> Music Room <input type="checkbox"/> Special Event/Assembly/Field Trip | <input type="checkbox"/> Parking Lot (Pick Up Area) <input type="checkbox"/> Bus Loading/Unloading <input type="checkbox"/> On the Bus <input type="checkbox"/> Unknown Location |
|---|---|---|

| <i>Minor Problem Behavior</i> | <i>Major Problem Behavior</i> | <i>Possible Motivation</i> |
|---|---|--|
| <input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact/Physical Aggression <input type="checkbox"/> Property Misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other _____ <p align="center">Guidelines <i>White Copy: Home</i> <i>Yellow Copy: Classroom Teacher</i> <i>Pink Copy: Office</i></p> <input type="checkbox"/> Seclusion/Restraint | <input type="checkbox"/> Abusive Language/Inappropriate Language/Profanity <input type="checkbox"/> Arson <input type="checkbox"/> Bomb Threat/Falsely Pulling Fire Alarm <input type="checkbox"/> Disrespect <input type="checkbox"/> Defiance/Insubordination/Non-Compliance <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Fighting <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Harassment/Bullying _____ <input type="checkbox"/> Inappropriate Location/Out of Bounds Area <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Skip Class (Leaving Without Permission) <input type="checkbox"/> Technology Violation <input type="checkbox"/> Use/Possession of Weapons <input type="checkbox"/> Other _____ | <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activity <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Task or Activity <input type="checkbox"/> Unknown Motivation <input type="checkbox"/> Other _____ <p align="center">Others Involved in Incident</p> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Teacher <input type="checkbox"/> Unknown (Unclear) |

TAKE TIME TO RETEACH THE BEHAVIOR!

| | | |
|---------------------|---|---|
| Staff Action | <input type="checkbox"/> Conference with Student <input type="checkbox"/> Restitution (apology/fixing damages or problem) <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Time Out (in another room/area) | <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent /Guardian Contact by Staff <input type="checkbox"/> Time in Office <input type="checkbox"/> Other _____ |
|---------------------|---|---|

Comments:

Administrative Decision

| | |
|---|---|
| <input type="checkbox"/> Parent/Guardian Contact <input type="checkbox"/> Conference with Student <input type="checkbox"/> Time in Office <input type="checkbox"/> In School suspension (_____ hours / days) | <input type="checkbox"/> Out of school suspension (_____ days) <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Other _____ <input type="checkbox"/> Action Pending |
|---|---|

Parent/Guardian Signature: _____