

**Wausau School District  
Behavior Tracking Form - Secondary**

School: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Staff: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

<b>Location:</b>	<input type="checkbox"/> Gym
<input type="checkbox"/> Classroom	<input type="checkbox"/> Special Event/Assembly/Field Trip
<input type="checkbox"/> Hallway	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Commons Area	<input type="checkbox"/> Bus Loading/Unloading
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On the Bus
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Other Location
<input type="checkbox"/> Office	<input type="checkbox"/> Playground/Outside

<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 _____	<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"/> Gang Affiliation/Display <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 <input type="checkbox"/> Technology Violation <input type="checkbox"/> Use/Possession of Weapons <input type="checkbox"/> Use/Possession of Tobacco <input type="checkbox"/> Use/Possession of Alcohol <input type="checkbox"/> Use/Possession of Drugs <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 _____
		<b><i>Others Involved in Incident</i></b>
		<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!**

<b>Staff Action</b>	<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/Detention	<input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent /Guardian Contact by Staff <input type="checkbox"/> Time in Office <input type="checkbox"/> Other _____
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**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"/> Detention (_____ days) <input type="checkbox"/> Loss of Privilege _____
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**Parent/Guardian Signature:** \_\_\_\_\_