

Bus Report

Student Name:	
Bus #	
Time of Incident	AM <input type="checkbox"/> PM <input type="checkbox"/>
Date of Incident	
Name of Driver	
Referral #	

Incident Description

<input type="checkbox"/> fighting	<input type="checkbox"/> destruction of property	<input type="checkbox"/> profane or abusive language	<input type="checkbox"/> refusal to follow directions
<input type="checkbox"/> excessive noise	<input type="checkbox"/> bus stop infraction	<input type="checkbox"/> standing while the bus is in motion	<input type="checkbox"/> blocking aisle
<input type="checkbox"/> moving seats	<input type="checkbox"/> possession of a controlled substance	<input type="checkbox"/> throwing objects on or from the bus	<input type="checkbox"/> possessing weapons

Driver Response

<input type="checkbox"/> Discussed behavior with the student (with STEP if trained)	<input type="checkbox"/> Gave student an assigned seat
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Action Take by School Administration

<input type="checkbox"/> Teacher conference & email home with a warning
<input type="checkbox"/> Problem solving with office staff, contact home, assigned seat
<input type="checkbox"/> Behavior change plan with office staff, contact home
<input type="checkbox"/> Behavior change plan with office staff, contact home, loss of bus privileges for ___ days
<input type="checkbox"/> Other

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