

Discovery Elementary School
Behavior Documentation Form

Name: _____ Date: _____ Time: _____

Classroom Teacher: _____ Grade: Y5 K 1 2

Referring staff: _____ Did you witness the event: Yes No

Location: _____

Describe what Happened:

Handled by teacher no action required. Documentation only.

Were others involved? Yes No

If yes, list student names: _____

Is this the first known occurrence of this behavior:

Yes No

Emotional Regulation Documentation

Emotional Regulation Support:

- Classroom calming corner
- Breathing (belly, box, hand)
- Squeeze ball
- Color
- Counting
- Glitter Jar

- Other: _____
- Length of time: _____
- Support called
- Breakroom
- Student removed from classroom to calm down
- Location: _____
- Classroom evacuated
- Length of time out of classroom

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*** To be completed by RTC or Principal ***

RTC Outcome:

- Conference with student
- Verbal or written plan
- Parent contact by _____
- Loss of privilege _____
- No follow up needed. Documentation only
- Other: _____

Administrative Decision:

Additional Notes: