

Name: _____ Offense Number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Teacher: _____ Grade: <input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Referring Staff: _____		Location <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Bus </div> <div style="width: 48%;"> <input type="checkbox"/> Library <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Other </div> </div>	
Incident Type (Check One) <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Not Prepared (i.e. computer not charged, no paper) <input type="checkbox"/> Noncompliance (not completing work, not following directions) <input type="checkbox"/> Physical Contact <input type="checkbox"/> Inappropriate Comments /Expressions/Gestures <input type="checkbox"/> Minor Disruptions of Instruction or School Activity <input type="checkbox"/> Dishonesty <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other _____	Intervention Attempted <input type="checkbox"/> Verbal / nonverbal cue <input type="checkbox"/> Break to safe spot <input type="checkbox"/> Brain / movement break <input type="checkbox"/> Relaxation / sensory break <input type="checkbox"/> Move seat to new location <input type="checkbox"/> Reteaching of expectation <input type="checkbox"/> Reinforced positive behavior <input type="checkbox"/> Private conversation <input type="checkbox"/> Meeting with guidance <input type="checkbox"/> Behavior / fix it plan <input type="checkbox"/> End of day check out <input type="checkbox"/> Loss of privilege time min: _____ <input type="checkbox"/> Detention min: _____ <input type="checkbox"/> Parent contact _____ <input type="checkbox"/> Other _____	Possible Motivation <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid task <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items or activities <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Impulsive reaction <input type="checkbox"/> Don't know <input type="checkbox"/> Family situation <input type="checkbox"/> Prior situation earlier in day <input type="checkbox"/> Other _____	Others Involved <input type="checkbox"/> Teacher <input type="checkbox"/> Support staff <input type="checkbox"/> Peers <input type="checkbox"/> Substitute <input type="checkbox"/> None <input type="checkbox"/> Others _____
Environment prior to incident: Incident Description: Student has: <input type="checkbox"/> IEP <input type="checkbox"/> Behavior Plan <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other Health Issues		Parent Contact : <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Yes Date: _____ <div style="margin-left: 20px;"> <input type="checkbox"/> phone call <input type="checkbox"/> email <input type="checkbox"/> No </div> </div> <div style="width: 48%;"> Time: _____ <input type="checkbox"/> face-to-face meeting <input type="checkbox"/> note sent home </div> </div> Request for student to meet with principal: <input type="checkbox"/> Yes <input type="checkbox"/> No Request for referral to MTSS team for behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No	