



Stage 1 Behavior Report

Incident Reported by: _____ Date of Incident: _____ Time _____ am or pm

STUDENT: _____

LOCATION OF INCIDENT

- | | | | | |
|--|------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Bathroom/Restroom | <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Office | <input type="checkbox"/> Special Event/Assembly/Field Trip |
| <input type="checkbox"/> Bus (on) | <input type="checkbox"/> Bus area | <input type="checkbox"/> Commons | <input type="checkbox"/> Library | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Counseling Office | <input type="checkbox"/> Off Campus | <input type="checkbox"/> Playground |
| | | | <input type="checkbox"/> Other | |

INCIDENT

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Bothering/Pestering | <input type="checkbox"/> Cheating | <input type="checkbox"/> Damaging Property | <input type="checkbox"/> Excessive Talking | <input type="checkbox"/> Getting out of Line |
| <input type="checkbox"/> Mild Defiance | <input type="checkbox"/> Mild Cursing | <input type="checkbox"/> Play Fighting | <input type="checkbox"/> Pushing or Shoving | <input type="checkbox"/> Not Following Directions |
| <input type="checkbox"/> Running | <input type="checkbox"/> Talking Too Loudly | <input type="checkbox"/> Taking Other's Property | <input type="checkbox"/> Teasing/Put-downs | |

BRIEF DESCRIPTION OF THE INCIDENT

PARENT/GUARDIAN CONTACT email, fax, home visit, letter, parent conference, telephone, voice message

Date: _____ Contacted by: _____ Conference/hearing date & time: _____

Possible motivation: What need/function do you think the student was trying to fulfill?

<input type="checkbox"/> obtain OR <input type="checkbox"/> avoid ___ social (adult/peer attention, help) ___ activity/object ___ work ___ sensory/biological	Comments: Others Involved: <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
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INTERVENTIONS for Targeted Behavior(s)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Ask Student the Rule | <input type="checkbox"/> Change Seating | <input type="checkbox"/> Detention | <input type="checkbox"/> Gentle Reprimand |
| <input type="checkbox"/> Keep in Proximity | <input type="checkbox"/> Loss of Privilege | <input type="checkbox"/> Positive Practice | <input type="checkbox"/> Pre-Correct |
| <input type="checkbox"/> Private Discussion | <input type="checkbox"/> Re-Teach Rule | <input type="checkbox"/> Restitution | <input type="checkbox"/> Time Out |
| <input type="checkbox"/> Time Out (in class) | <input type="checkbox"/> Warn | <input type="checkbox"/> Other | |

_____ Teacher/Staff	_____ Date	_____ Parent/Guardian	_____ Date
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PARENT COMMENTS (OPTIONAL): _____

