



# Stage 1 Behavior Report

Incident Reported by: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time \_\_\_\_\_ am or pm

**STUDENT:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

### LOCATION

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Counseling Office	<input type="checkbox"/> Library	<input type="checkbox"/> Playground
<input type="checkbox"/> Bus (on)	<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Office	<input type="checkbox"/> Special
<input type="checkbox"/> Bus area	<input type="checkbox"/> Commons	<input type="checkbox"/> Hallway	<input type="checkbox"/> Other	<input type="checkbox"/> Event/Field
				<input type="checkbox"/> Trip
				<input type="checkbox"/> Stairs

### INCIDENTS

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

Other: \_\_\_\_\_ **Brief Description of the Incident:** \_\_\_\_\_

### INTERVENTIONS for Targeted Behavior(s)

<input type="checkbox"/> Ask Student the Rule	<input type="checkbox"/> Gentle Reprimand	<input type="checkbox"/> Positive Practice	<input type="checkbox"/> Time Out	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Change Seating	<input type="checkbox"/> Keep in Proximity	<input type="checkbox"/> Pre-Correct	<input type="checkbox"/> Time Out (in class)	
<input type="checkbox"/> Community Meeting	<input type="checkbox"/> Loss of Privilege	<input type="checkbox"/> Private Discussion	<input type="checkbox"/> Warning	
<input type="checkbox"/> Community Service	<input type="checkbox"/> Mediation	<input type="checkbox"/> Restitution		
<input type="checkbox"/> Conference	<input type="checkbox"/> Parent Contacted	<input type="checkbox"/> Re-Teach Rule		
<input type="checkbox"/> Detention		<input type="checkbox"/> Structured Recess		

### PARENT CONTACT

email _____	Letter _____	Parent Conference _____	Date: _____	Contacted by: _____
Fax _____	Telephone/Voicemail _____	Date & Time: _____	Parent Signature is Required	
Home Visit _____				

Teacher/Staff  
8/2016

Date

Parent/Guardian

Date