



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 Event/Field Trip
<input type="checkbox"/> Bus area	<input type="checkbox"/> Commons	<input type="checkbox"/> Hallway	<input type="checkbox"/> Other	<input type="checkbox"/> Stairs

INCIDENTS

<input type="checkbox"/> Bothering/Pestering	<input type="checkbox"/> Excessive Talking	<input type="checkbox"/> Not Following Directions	<input type="checkbox"/> Pushing or Shoving	<input type="checkbox"/> Talking Too Loudly
<input type="checkbox"/> Cheating	<input type="checkbox"/> Mild Cursing	<input type="checkbox"/> Play Fighting	<input type="checkbox"/> Running	<input type="checkbox"/> Teasing/Put-downs
<input type="checkbox"/> Damaging Property	<input type="checkbox"/> Mild Defiance		<input type="checkbox"/> Taking Other's Property	<input type="checkbox"/> Stage 2/3 Refer to Admin

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"/> Warn	
<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

<input type="checkbox"/> eMail <input type="checkbox"/> Fax	<input type="checkbox"/> Letter	<input type="checkbox"/> Parent Conference	Date: _____	Contacted by: _____
<input type="checkbox"/> Home Visit	<input type="checkbox"/> Telephone/Voicemail	Conference Date & Time: _____	<input type="checkbox"/> Parent Signature is Required	

Teacher/Staff Date Parent/Guardian Date

8/2016



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