

Linden Elementary School Documentation of Behavior Form

Name: _____

Gender: Male Female

Grade: **K 1 2 3 4**

Referring Staff: _____

Date: _____

Time: _____

Location					
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Gym	<input type="checkbox"/> Music	<input type="checkbox"/> Bus loading zone	<input type="checkbox"/> Office
<input type="checkbox"/> Playground	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Library	<input type="checkbox"/> Art	<input type="checkbox"/> On Bus	<input type="checkbox"/> Other/ECC
<input type="checkbox"/> Commons	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Special event/assembly/fieldtrip			<input type="checkbox"/> Tech Lab

Minor Problem Behavior	Major Problem		
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact/Physical Aggression <input type="checkbox"/> Defiance/Disrespect/Noncompliance <input type="checkbox"/> Disruption <input type="checkbox"/> Property Misuse <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Technology Violation <input type="checkbox"/> Theft <input type="checkbox"/> Tease/Taunt	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Defiance/Disrespect/Insubordination/ Noncompliance <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Disruption </td> <td style="width: 50%;"> <input type="checkbox"/> Threats <input type="checkbox"/> Property Damage <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Weapons <input type="checkbox"/> Technology Violation <input type="checkbox"/> Drugs/Alcohol/Tobacco </td> </tr> </table>	<input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Defiance/Disrespect/Insubordination/ Noncompliance <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Disruption	<input type="checkbox"/> Threats <input type="checkbox"/> Property Damage <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Weapons <input type="checkbox"/> Technology Violation <input type="checkbox"/> Drugs/Alcohol/Tobacco
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Motivation		
<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Obtain items/activities	<input type="checkbox"/> Avoid peer(s)
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Avoid task or activity	<input type="checkbox"/> Avoid adult(s)

Others involved: None Peer(s) Staff Teacher Substitute

Teacher Intervention	Administrative Intervention				
<input type="checkbox"/> Student conference <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Counselor referral <input type="checkbox"/> Restitution	<table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Time-out <input type="checkbox"/> Seat change <input type="checkbox"/> Parent notified <input type="checkbox"/> Other _____ </td> <td style="width: 50%;"> <input type="checkbox"/> Time in office <input type="checkbox"/> Conference w/student <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent contact <input type="checkbox"/> Time-Out/Detention </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> In-school suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Restitution </td> </tr> </table>	<input type="checkbox"/> Time-out <input type="checkbox"/> Seat change <input type="checkbox"/> Parent notified <input type="checkbox"/> Other _____	<input type="checkbox"/> Time in office <input type="checkbox"/> Conference w/student <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent contact <input type="checkbox"/> Time-Out/Detention		<input type="checkbox"/> In-school suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Restitution
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Days Suspended: Total number of days _____ Beginning date _____ End date _____ Date to return to class _____

Other comments: _____

Student's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Parent's signature: _____ Date: _____