

Harrison Elementary Behavior Form

Student Name: _____ Referring Staff: _____

Grade: _____ Date: _____ Time: _____

Location:

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Media Center | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Music Room | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Bus/Bus Area | <input type="checkbox"/> Locker Area | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Other: _____ |

Problem Behavior (check ONE) (the most intrusive in either a Minor or Major)

Minor – Level 1

- Disruption
- Teasing/Taunting
- Property Misuse
- Physical Contact
- Inappropriate Language
- Dress Code Violation
- Non-Compliance
 - Not following directions
 - Refusing to do class work
- Disrespect
- Other: _____

Major – Levels 2 & 3

- Abusive Lang./Inapp. lang.
- Fighting/physical aggression
- Defiance
- Disrespect
- Insubordination
- Harassment
- Disruption
- Vandalism
- Property damage
- Weapons
- Lying/Cheating
- Theft
- Bullying/Teasing
- Other: _____

Description of the Incident:

Possible Motivation

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid peer(s) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obtain items/activity | <input type="checkbox"/> Avoid adults | |

Others Involved

- None Peers Staff Teacher Substitute Unknown Other

Previous Attempts by Teacher/Staff to Change Behavior

- | | |
|---|--|
| <input type="checkbox"/> Clearly Explained Classroom Rules and Expectations | <input type="checkbox"/> Other Adult Intervention: _____ |
| <input type="checkbox"/> One-on-one Discussion with Student | <input type="checkbox"/> Detention |
| <input type="checkbox"/> Change in Classroom Seating | <input type="checkbox"/> Assigned ISS |
| <input type="checkbox"/> Parent/Guardian Contacted | <input type="checkbox"/> Assigned OSS |
| <input type="checkbox"/> Written Warning with Suggestions (contract) | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Other explain) _____ | |

Administrative Decision

- | | | |
|--|--|--|
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Contract with Student | <input type="checkbox"/> Time in Resource Room |
| <input type="checkbox"/> One to One Discussion | <input type="checkbox"/> Assigned ISS | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Loss of Privilege(s) | <input type="checkbox"/> Assigned OSS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Time in Office | |

Comments or Other Administrative Decision: _____

Teacher Signature: _____

Administrator/Staff: _____