

Student Behavior Tracking Form

This form is used to document student behavior incidents. The student should be given a warning and re-taught the expectation and specific rule concerning the infraction (Prompt, Praise, Leave) prior to recording on this form. **This is not a referral. However, once a child has 4 minor incidents within a 2 week period of time, please refer the student to the office.**

Student:	Teacher:	Grade:
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1st INCIDENT **Date:** _____ **Time:** _____ **Location:** _____

INCIDENT TYPE (Check One)	<u>Expectation Not Met:</u> <input type="checkbox"/> Safe <input type="checkbox"/> Kind <input type="checkbox"/> Personal Best	
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Physical contact	<input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code	<input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Other: _____

INTERVENTION(s)	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Parent contact <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<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: _____

2nd INCIDENT **Date:** _____ **Time:** _____ **Location:** _____

INCIDENT TYPE (Check One)	<u>Expectation Not Met:</u> <input type="checkbox"/> Safe <input type="checkbox"/> Kind <input type="checkbox"/> Personal Best	
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Physical contact	<input type="checkbox"/> Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code	<input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Other: _____

INTERVENTION(s)	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Parent contact * Required <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<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: _____

3rd INCIDENT **Date:** _____ **Time:** _____ **Location:** _____

INCIDENT TYPE (Check One)	<u>Expectation Not Met:</u> <input type="checkbox"/> Safe <input type="checkbox"/> Kind <input type="checkbox"/> Personal Best	
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Physical contact	<input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code	<input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Other: _____

INTERVENTION(s)	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Parent contact (required) Date: _____ Method: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<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: _____
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Parent contact * Required <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<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: _____

4th INCIDENT

Complete Office Disciplinary Referral Form, attach this tracking form & send to office immediately.