

## DISCIPLINE FORM

Student Name: \_\_\_\_\_ Referring Staff: \_\_\_\_\_ Grade: \_\_\_\_\_

Room #: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Student on a IEP (Yes or No): \_\_\_\_\_  
Student on a 504 (Yes or No): \_\_\_\_\_

### LOCATION:

- |                                     |                                    |   |  |
|-------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> Classroom  | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus Loading Zone | <input type="checkbox"/> Lunch Line    |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom  | <input type="checkbox"/> Parking Lot      | <input type="checkbox"/> Lunch Benches |
| <input type="checkbox"/> Walkway    | <input type="checkbox"/> MPR       | <input type="checkbox"/> Bus              | <input type="checkbox"/> Other: _____  |

### PROBLEM BEHAVIORS:

(Check the most intrusive)

#### **MAJOR:**

#### **MINOR:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Inappropriate Language             | <input type="checkbox"/> Repeated Minor Incidents                           | <input type="checkbox"/> Technology Violation        |
| <input type="checkbox"/> Fighting/Physical Contact          | <input type="checkbox"/> Abusive Language/Inappropriate Language            | <input type="checkbox"/> Forgery/Theft               |
| <input type="checkbox"/> Defiance/Disrespect/Non-Compliance | <input type="checkbox"/> Fighting/Physical Aggression                       | <input type="checkbox"/> Lying/Cheating              |
| <input type="checkbox"/> Disruption                         | <input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-Compliance | <input type="checkbox"/> Vandalism / Property Damage |
| <input type="checkbox"/> Property Misuse                    | <input type="checkbox"/> Disruption   | <input type="checkbox"/> Dangerous objects           |
| <input type="checkbox"/> Dress Code                         | <input type="checkbox"/> Inappropriate Display of Affection                 | <input type="checkbox"/> Other: _____                |
|   | <input type="checkbox"/> Harassment/Teasing/Taunting                        |  |

### POSSIBLE MOTIVATION:

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Obtain Peer Attention   | <input type="checkbox"/> Avoid Peer(s)          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obtain Adult Attention  | <input type="checkbox"/> Avoid Adult(s)         |                                       |
| <input type="checkbox"/> Obtain Items/Activities | <input type="checkbox"/> Avoid Tasks/Activities |                                       |

### OTHERS INVOLVED:

\_\_\_\_\_

### ACTION/INTERVENTION TAKEN:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Time In Office     | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Classroom time-out |
| <input type="checkbox"/> Sent to Room _____ | <input type="checkbox"/> Counseled      | <input type="checkbox"/> Student Conference |
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Detention      | <input type="checkbox"/> Suspension         |
| <input type="checkbox"/> Loss of Playtime   | <input type="checkbox"/> Other          | _____                                       |

### COMMENTS:

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_