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| **STEP 1** | |
| **Restate Expectation not met:** |  |

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| **STEP 2** | | | | | | | | | |
| **Student Name (Last, First)** | | | **Grade** | | | **Date** | **Time** | | **Referring Teacher** |
|  | | |  | | |  |  | |  |
| **Incident Type** (*Check One*)  Brought Food to Class  Class Disruption (Talking, Singing, Shouting, Not Working, Looking on Other’s Papers, Making Distracting Noises/Movements, Horseplay  Head Down | | | | Minor Disrespect/Defiance  Electronic Device/Phone in plain sight  Leaving Trash in Class  Writing on School Property  Teasing  Other Minor Violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Incident Location** (*Check One*)  Bathroom/Restroom  Library/Media Center  Bus Loop  Office  Cafeteria  Parking Lot  Classroom  Phys Ed/Gym  Courtyard  Spec Event/Assembly/Field Trip  Hallway/Breezeway  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Possible Motivation** *(Check One)*  Avoid Adult Attention  Obtain Adult Attention  Avoid Peer Attention  Obtain Peer Attention  Avoid Task/Activity  Obtain Items/Activities  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Others Involved**  *(Check One)*  None  Peers  Staff  Teacher  Substitute  Unknown  Others Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Incident Description:** | | | | | |
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| **Intervention** (*Check One*)  Seat Change  Time Out  Curricular Modification  Loss of Class Privilege  Student/Teacher Conference  Refer to Guidance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Parent Contact *(Optional):*** | | Phone | | | Letter | | | Conference | |
| **Comments:** |  | | | | | | | | |
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| **STEP 3** | | | | | **Date** | **Time** | | **Referring Teacher** |
|  |  | |  |
| **Incident Location** (*Check One*)  Bathroom/Restroom  Library/Media Center  Bus Loop  Office  Cafeteria  Parking Lot  Classroom  Phys Ed/Gym  Courtyard  Spec Event/Assembly/Field Trip  Hallway/Breezeway  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Possible Motivation** *(Check One)*  Avoid Adult Attention  Obtain Adult Attention  Avoid Peer Attention  Obtain Peer Attention  Avoid Task/Activity  Obtain Items/Activities  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Others Involved**  *(Check One)*  None  Peers  Staff  Teacher  Substitute  Unknown  Others Involved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Incident Description:** | | | | | |
|  | | | | | |
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| **Intervention** (*Check One*)  Seat Change  Time Out  Curricular Modification  Loss of Class Privilege  Student/Teacher Conference  Refer to Guidance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Parent Contact *(Required):*** | | Phone | | Letter | | | Conference | |
| **Comments:** |  | | | | | | | |
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