

## LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BEHAVIOR REPORT

FORM "B"

In accordance with R. S. 17:416(A) the purpose of this report is to inform parents/guardians of a behavior incident on the school campus, in the classroom, cafeteria, gymnasium, auditorium, elsewhere at the school or during school-related activities, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety, well-being or education of other students, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences.

Name of Student \_\_\_\_\_ Phone \_\_\_\_\_ Grade/Section \_\_\_\_\_

Name of Teacher/Staff \_\_\_\_\_ Teacher/Staff/Location \_\_\_\_\_

Name of Principal \_\_\_\_\_ School \_\_\_\_\_

Check One: ☐ Regular Education ☐ 504 ☐ Special Education Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Time Code: _____	01 Before School on Grounds, 02 During Class, 03 Between Classes, 04 After Normal School Hours & Supervised, 05 To / From School, 06 At Bus Stop or Transfer Station, 07 During School Extracurricular / Assembly Event, 08 Recess, Club, Free Time, 09 Homeroom, 10 Breakfast /Lunch
Location Code: _____	01 Classroom, 02 Restroom, 03 Lunchroom, 04 Hallway, 05 Playground, 06 School Bus, 07 At Bus Stop or Transfer Station, 08 Parking Lot, 09 Locker Room, 10 Cell Phone, 11 Internet, 12 To or From School, 13 School Sponsored Event, 14 Home, 98 Offsite Program, 99 Other _____

## Infraction/Reason Codes (Check all that apply)

- |  |  |  |
|--|--|--|
| 07. <input type="checkbox"/> Uses or possesses any controlled dangerous substances governed by the Uniform Controlled Dangerous Substances Law, in any form  | 21. <input type="checkbox"/> Commits any other serious offense                                 | 32. <input type="checkbox"/> Serious Bodily Injury   |
| 13. <input type="checkbox"/> Possesses weapon (s) as defined in Section 921 of Title 18 of the U.S. Code. *Use of code 13 requires additional submission of the Weapon Type code.  | 22. <input type="checkbox"/> Murder  | 33. <input type="checkbox"/> Use of OTC medication in a manner other than prescribed or authorized |
| 14. <input type="checkbox"/> Possesses firearms (not prohibited by federal law), knives, or other implements, which may be used as weapons, the careless use of which might inflict harm or injury (Excludes pocket knives with a blade length < 2 ½" - refer to code 31). | 23. <input type="checkbox"/> Assault and/or Battery  | 34. <input type="checkbox"/> Possession of Body Armor  |
| 15. <input type="checkbox"/> Throws missiles liable to injure others   | 24. <input type="checkbox"/> Rape and/or Sexual Battery  | 37. <input type="checkbox"/> False Alarm / Bomb Threat   |
|  | 25. <input type="checkbox"/> Kidnapping  | 40. <input type="checkbox"/> Public Indecency  |
|  | 26. <input type="checkbox"/> Arson   | 41. <input type="checkbox"/> Obscene behavior or Possession of Obscene/ Pornographic Material      |
|  | 27. <input type="checkbox"/> Criminal Damage to Property                                       | 45. <input type="checkbox"/> Trespassing Violation   |
|  | 28. <input type="checkbox"/> Burglary  | 48. <input type="checkbox"/> Sexual Harassment   |
|  | 29. <input type="checkbox"/> Misappropriation with violence to the person                      | 49. <input type="checkbox"/> False Report  |
|  | 30. <input type="checkbox"/> Discharge or use of weapon (s) prohibited by federal law          |  |
|  | 31. <input type="checkbox"/> Possesses pocket knife or blade cutter with a blade length < 2 ½" |  |

REMARKS/DESCRIPTION OF INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ACTION(S) TAKEN BY TEACHER OR OTHER SCHOOL EMPLOYEE

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (circle one) or other \_\_\_\_ cumulative behavioral referral(s). I have taken the following action(s):

- |   |  |  |  |  |
|---|--|--|--|--|
| 011 <input type="checkbox"/> Referred to Office                   | 012 <input type="checkbox"/> Referred to Counselor | 013 <input type="checkbox"/> Referred to Social Worker | 014 <input type="checkbox"/> Referred to SBLC                  | 018 <input type="checkbox"/> Secondary Referral (PBIS) |
| 019 <input type="checkbox"/> Tertiary Referral (PBIS)             | 022 <input type="checkbox"/> Therapeutic Removal   | 025 <input type="checkbox"/> Intervention Room         | 080 <input type="checkbox"/> Assigned Remedial Work            |  |
| 120 <input type="checkbox"/> Student Conference                   | 140 <input type="checkbox"/> Student Reprimand     | 160 <input type="checkbox"/> Loss of Privileges        | 030 <input type="checkbox"/> Restorative Practices Implemented |  |
| 173 <input type="checkbox"/> Conference with Parents or Guardians |  | 175 <input type="checkbox"/> Conference with Principal | 999 <input type="checkbox"/> Other Action _____                |  |

Y N Contact Parent/Guardian Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ Phone Call ☐ Letter ☐ Conference Date: \_\_\_\_\_ Time: \_\_\_\_\_

RECOMMENDATION(S) BY TEACHER OR OTHER SCHOOL EMPLOYEE \_\_\_\_\_  
 \_\_\_\_\_

Signature of School Employee: \_\_\_\_\_ Date: \_\_\_\_\_

## ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (circle one) or other \_\_\_\_ cumulative behavioral referral(s). I have taken the following action (s):

- |  |   |   |
|--|---|---|
| 000 <input type="checkbox"/> No Action— only use if no reportable action was taken | 160 <input type="checkbox"/> Loss of Privileges   | 020 <input type="checkbox"/> TOR (Time Out Room)                          |
| 012 <input type="checkbox"/> Referred to Counselor                                 | 014 <input type="checkbox"/> Referred to SBLC   | 040 <input type="checkbox"/> In School Detention from _____ to _____      |
| 043 <input type="checkbox"/> After School Detention from _____ to _____            | 045 <input type="checkbox"/> Weekend Detention from _____ to _____                                | 002 <input type="checkbox"/> Suspension Out Of School from _____ to _____ |
| 004 <input type="checkbox"/> Suspension In School from _____ to _____              | 006 <input type="checkbox"/> Suspension Alternative Site from _____ to _____                      | 001 <input type="checkbox"/> <b>Expulsion Recommendation</b>              |
| 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N)            | 016 <input type="checkbox"/> Court Referral Date _____  | 013 <input type="checkbox"/> Referral to Social Worker                    |
| 080 <input type="checkbox"/> Assigned Remedial Work                                | 999 <input type="checkbox"/> Other Action (s): _____  | 030 <input type="checkbox"/> Restorative Practices Implemented            |
| 140 <input type="checkbox"/> Student Reprimand                                     | 120 <input type="checkbox"/> Student Conference Date: _____                                       | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 175 <input type="checkbox"/> Conference w/ Principal on: _____                     | 180 <input type="checkbox"/> Corporal Punishment (if checked—complete "Corporal Punishment" Form) |   |

Circle Yes or No: **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Y N Contact Parent/Guardian Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ Phone Call ☐ Letter ☐ Conference Date: \_\_\_\_\_ Time: \_\_\_\_\_

SIS Primary Infraction/Reason Code Entered: \_\_\_\_\_ Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN: \_\_\_\_\_  
 \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Current Date: \_\_\_\_\_

Check appropriate blocks as copies of the document are supplied: ☐ Parent/Guardian ☐ School's Pupil File ☐ Employee Filing this Report ☐ Principal

**\*NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.**

**\*\*Attachments:** Provide a copy of the classroom minor tracking form, behavior intervention plan and data, or other applicable intervention information.

(Revised 9/27/2012)