

# Linden Elementary School Documentation of Behavior Form

Name: \_\_\_\_\_

Gender:  Male  Female

Grade: **K 1 2 3 4**

Referring Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location					
<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Gym	<input type="checkbox"/> Music	<input type="checkbox"/> Bus loading zone	<input type="checkbox"/> Office
<input type="checkbox"/> Playground	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Library	<input type="checkbox"/> Art	<input type="checkbox"/> On Bus	<input type="checkbox"/> Other/ECC
<input type="checkbox"/> Commons	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Special event/assembly/fieldtrip			<input type="checkbox"/> Tech Lab

Minor Problem Behavior	Major Problem
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact/Physical Aggression <input type="checkbox"/> Defiance/Disrespect/Noncompliance <input type="checkbox"/> Disruption <input type="checkbox"/> Property Misuse <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Technology Violation <input type="checkbox"/> Theft <input type="checkbox"/> Tease/Taunt	<input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Defiance/Disrespect/Insubordination/Noncompliance <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Disruption <input type="checkbox"/> Threats <input type="checkbox"/> Property Damage <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Weapons <input type="checkbox"/> Technology Violation <input type="checkbox"/> Drugs/Alcohol/Tobacco

Motivation		
<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Obtain items/activities	<input type="checkbox"/> Avoid peer(s)
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Avoid task or activity	<input type="checkbox"/> Avoid adult(s)

Others involved:  None  Peer(s)  Staff  Teacher  Substitute

Teacher Intervention	Administrative Intervention
<input type="checkbox"/> Student conference <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Counselor referral <input type="checkbox"/> Restitution	<input type="checkbox"/> Time-out <input type="checkbox"/> Seat change <input type="checkbox"/> Parent notified <input type="checkbox"/> Other _____ <input type="checkbox"/> Time in office <input type="checkbox"/> Conference w/student <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent contact <input type="checkbox"/> Time-Out/Detention <input type="checkbox"/> In-school suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Restitution

Days Suspended: Total number of days \_\_\_\_\_ Beginning date \_\_\_\_\_ End date \_\_\_\_\_ Date to return to class \_\_\_\_\_

Other comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_