

Behavior Report

School Name:		Date of Incident: ____/____/____	Time of Incident: ____:	Final Contract: Yes/No	IEP Student: Yes/No
Please Check:					
1 st Violation: _____	2 nd Violation: _____	3 rd Violation: _____	Other: _____		
Name of Person Preparing Report:			Title of Person Preparing Report:		

Check appropriate box or boxes:

Behavior:	Disrupts Classroom	Attendance:
<input type="checkbox"/> Agitates	<input type="checkbox"/> Defies Authority	<input type="checkbox"/> Tardy
<input type="checkbox"/> Argues	<input type="checkbox"/> Disrespects Staff/Students	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> Fighting	<input type="checkbox"/> Left Campus w/o Permission	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Out of Supervision	
<input type="checkbox"/> Name Calling	<input type="checkbox"/> Runs Own Program	
<input type="checkbox"/> Profanity	<input type="checkbox"/> No Work/ Poor Work Habits	
<input type="checkbox"/> Throwing Objects	<input type="checkbox"/> Shows Hostility	

Description of Incident: _____

Recommendations: ☐ Parent Conference ☐ Suspension ☐ Final Contract ☐ Removal

Staff Signature: _____ **Date:** _____

Parent /Guardian Signature: _____ **Date:** _____