Student: _____ Grade/Homeroom Teacher: _____

Time of Incident: _____ Date: _____ Referring Person: _____

Location				**Others Involved**	**Behavior Role**
_ Playground	_ Library	_ Hallway	_ Common Area	_ None	_ Offender
_ Cafeteria	_ Office	_ Bus Zone	_ Parking Lot	_ Peer(s)	_ Participant
_ Classroom	_ Field Trip	_ On the Bus	_ Other	_ Faculty	_ Victim
_ Restroom	_ Gym	_ School Event		_ Unknown	_ Witness
				_ Other	

Behavior Event (select one only)

_ 01 Alcohol	_ 14 Inappropriate language	_ 27 Sexual harassment
_ 02 Arson	_ 15 Kidnapping	_ 28 Skip class
_ 03 Battery	_ 16 Larceny/theft	_ 29 Tardy
_ 04 Bomb Threat	_ 17 Lying	_ 30 Threat/intimidation
_ 05 Breaking & Entering/Burglary	_ 18 Motor vehicle theft	_ 31 Tobacco
_ 06 Cheating	_ 19 Non-Compliance	_ 32 Trespassing
_ 07 Code Violation	_ 20 Physical Contact	_ 33 Truancy
_ 08 Disorderly Conduct	_ 21 Possession of combustible items	_ 34 Vandalism
_ 09 Drugs, except alcohol	_ 22 Property damage	_ 35 Verbal Language
_ 10 Fighting	_ 23 Property Misuse	_ 36 Vocal Aggression
_ 11 Forgery	_ 24 Robbery	_ 37 Weapons possession
_ 12 Harassment/Bullying	_ 25 Sex offenses	_ 99 Other
_ 13 Homicide	_ 26 Sexual battery	

Behavior Resolutions (select one only) **Begin Date:** _____ **End Date:** _____

_ 01 Community service	_ 15 Privilege restriction
_ 02 Counseling (mandatory)	_ 16 Probation
_ 03 Demerit	_ 17 Referral to juvenile justice system
_ 04 Detention	_ 18 Reprimand
_ 05 Documented warning	_ 19 Transfer to alternative program
_ 06 Expulsion	_ 20 Transfer to institiution
_ 07 In-school suspension (1 day)	_ 21 Unsatisfactory behavior grades
_ 08 In-school suspension (2-10 days)	_ 22 Transfer to alternative educational setting
_ 09 In-school suspension (over 10 days)	_ 23 Expulsion
_ 10 Letter of apology	_ 24 Total cessation of services for a Section 504 student
_ 11 Out-of-school suspension (1 day)	_ 27 Unilateral removal to an Alt setting by school personnel
_ 12 Out-of-school suspension (2-10 days)	_ 28 Officer determination
_ 13 Out-of-school suspension (over 10 days)	
_ 14 Physical activity	

Comments from Referring Person

Attachments: _____ of _____ pages

Adminstrative Comments

Attachments: _____ of _____ pages