

## Rev 8/20/15

We respectfully request your support to resolve the problem behavior(s) mentioned below. This form is used to document recurring classroom behavior incidents. The student has received multiple interventions and has been re-taught the expectations and specific rule concerning the infraction(s). **This is not a referral. However, continuation of this/these behavior(s) may result in an office discipline referral. Please sign the form, returning the yellow copy and keeping the pink for your records.**

<b>Student:</b>	<b>Student #:</b>	<b>Teacher:</b>	<b>Grade:</b>
<b>INCIDENT TYPE</b> (Level 1 Infraction of Student Code of Conduct)			
1. General Profanity	5. Disruption/Horseplay	9. Cell phone/electronics	12. Failure to Report
2. No Show for Detention	6. Minor Property Damage	10. Insubordinate/Disrespect	13. Other-_____
3. Possess Inapprop. Item	7. Harass/Tease/Taunt	11. Selling/Trading Items	_____
4. Undue Familiarity	8. Dress Code		

Date:                      Time:                      Comments:

INTERVENTION #1 (check at least one)		HIGH STUDENT ENGAGEMENT(check one)	OTHERS INVOLVED (check one)
Incident Type # _____			
<input type="checkbox"/> Verbal Cue/Warning <input type="checkbox"/> Seating change <input type="checkbox"/> Student conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Peer mediation <input type="checkbox"/> Recovery in room <input type="checkbox"/> Time out or Detention <input type="checkbox"/> Curricular modification <input type="checkbox"/> Extra time spent on task	<input type="checkbox"/> Student contract <input type="checkbox"/> Phone parent–Time____ Ph#_____ <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Admin. Detention (complete & submit form) <input type="checkbox"/> Other:_____	<input type="checkbox"/> Collaborative Structures <input type="checkbox"/> Accountable Student Discussions <input type="checkbox"/> Students peer editing <input type="checkbox"/> H.O.T.S. – Q & A session <input type="checkbox"/> C.I.S. Reading Strats. ( <i>i.e. Anticipation Guides, Text coding during reading, writing response to reading, etc.</i> ) <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other_____

Student Signature: \_\_\_\_\_

Date:                      Time:                      Comments:

<b>INTERVENTION #2</b> (check at least one)		<b>HIGH STUDENT ENGAGEMENT</b> (check one)	<b>OTHERS INVOLVED</b> (check one)
Incident Type # _____			
<input type="checkbox"/> Verbal Cue/Warning <input type="checkbox"/> Seating change <input type="checkbox"/> Student conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Peer mediation <input type="checkbox"/> Recovery in room <input type="checkbox"/> Time out or Detention <input type="checkbox"/> Curricular modification <input type="checkbox"/> Extra time spent on task	<input type="checkbox"/> Student contract <input type="checkbox"/> Phone parent Time____ Ph#_____ <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Admin. Detention (complete & submit form) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Collaborative Structures <input type="checkbox"/> Accountable Student Discussions <input type="checkbox"/> Students peer editing <input type="checkbox"/> H.O.T.S. – Q & A session <input type="checkbox"/> C.I.S. Reading Strats. ( <i>i.e.</i> <i>Anticipation Guides, Text coding during reading, writing response to reading, etc.)</i> ) <input type="checkbox"/> Other_____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____

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**Student Signature**

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Date:                      Time:                      Comments:

INTERVENTION #3 (check at least one)		HIGH STUDENT ENGAGEMENT (check one)	OTHERS INVOLVED (check one)
Incident Type # _____			
<input type="checkbox"/> Verbal Cue/Warning <input type="checkbox"/> Seating change <input type="checkbox"/> Student conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Peer mediation <input type="checkbox"/> Recovery in room <input type="checkbox"/> Time out or Detention <input type="checkbox"/> Curricular modification <input type="checkbox"/> Extra time spent on task	<input type="checkbox"/> Student contract <input type="checkbox"/> Phone parent Time _____ Ph# _____ <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Admin. Detention (complete & submit form) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Collaborative Structures <input type="checkbox"/> Accountable Student Discussions <input type="checkbox"/> Students peer editing <input type="checkbox"/> H.O.T.S. – Q & A session <input type="checkbox"/> C.I.S. Reading Strats. (i.e. <i>Anticipation Guides, Text coding during reading, writing response to reading, etc.</i> ) <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____

Parent Signature (Return Yellow, keep Pink Copy): \_\_\_\_\_ Date: \_\_\_\_\_

White: Retained by teacher and then filed in RtI folder at end of semester    Yellow: Returned with Parent Signature.    Pink: Parent Copy