

## Sample Behavior Documentation Form

Student name: _____	Staff: _____	Date: _____	Time: _____	
Location: _____ classroom _____ walkway _____ library _____ restroom _____ playground _____ lunch area				
<b>Major:</b>	<b>Comments:</b>			
<input type="checkbox"/> abusive/inappropriate language <input type="checkbox"/> disruption <input type="checkbox"/> fighting/physical aggression <input type="checkbox"/> truancy <input type="checkbox"/> defiance/disrespect/noncompliance <input type="checkbox"/> property damage <input type="checkbox"/> lying/cheating <input type="checkbox"/> forgery/theft <input type="checkbox"/> harassment/bullying <input type="checkbox"/> use/possession of controlled substance/weapon				
<b>Minor:</b>	<b>Others involved:</b>			
<input type="checkbox"/> inappropriate language <input type="checkbox"/> physical contact <input type="checkbox"/> defiance/disrespect/noncompliance <input type="checkbox"/> disruption	<input type="checkbox"/> none <input type="checkbox"/> staff <input type="checkbox"/> teacher <input type="checkbox"/> unknown <input type="checkbox"/> peers (_____)			
<b>Follow-up action(s):</b>	<b>Motivation:</b>			
<input type="checkbox"/> no recess (_____ recesses/days) <input type="checkbox"/> conference with student <input type="checkbox"/> parent contact <input type="checkbox"/> privilege loss (_____) <input type="checkbox"/> time in office <input type="checkbox"/> in-house suspension (_____ days) <input type="checkbox"/> out-of-school suspension (_____ days) <input type="checkbox"/> other:	<input type="checkbox"/> obtain peer attention <input type="checkbox"/> avoid task/activity <input type="checkbox"/> don't know <input type="checkbox"/> avoid peer <input type="checkbox"/> obtain adult attention <input type="checkbox"/> avoid adult <input type="checkbox"/> obtain item/activity			
<b>Parent signature. Return to classroom teacher.</b> Parent signature: _____				