

# Discovery Elementary School Behavior Documentation Form

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

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

Classroom Teacher: \_\_\_\_\_

Grade: Y5 K 1 2 3 4 5

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

**Location**

- |  |  |
|--|--|
| <input type="checkbox"/> Assembly      | <input type="checkbox"/> Gym (Discovery) |
| <input type="checkbox"/> Art Lab       | <input type="checkbox"/> Gym (Explorer)  |
| <input type="checkbox"/> Bathroom      | <input type="checkbox"/> Hallway         |
| <input type="checkbox"/> Cafeteria     | <input type="checkbox"/> Library         |
| <input type="checkbox"/> Classroom     | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Computer Lab  | <input type="checkbox"/> Playground      |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Spanish         |
|  | <input type="checkbox"/> Other _____     |

Observed Behavior	Describe what happened: *additional comments on back
<p>1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inappropriate language</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical contact</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defiance</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disrespect</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disruption</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Property misuse/damage</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wandering in classroom</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inappropriate touching/exposing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lying/cheating</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Theft</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leaves classroom without permission</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abusive language</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wandering in building</p>	<p>Were others involved?  <input type="checkbox"/> no <input type="checkbox"/> yes _____</p> <p>Is this the first known occurrence of this behavior?  <input type="checkbox"/> no <input type="checkbox"/> yes</p>

Is this a major concern?  
 no  yes If yes, principal will follow up.

Referred to \_\_\_\_\_ for review

<p><b>Outcome</b></p> <p><input type="checkbox"/> Conference with student</p> <p><input type="checkbox"/> Handled by referring staff</p> <p><input type="checkbox"/> Verbal or written plan</p> <p><input type="checkbox"/> Parent contact by _____</p> <p><input type="checkbox"/> Letter home</p> <p><input type="checkbox"/> Loss of privilege _____</p>	<p><b>Administrative Decision:</b></p>
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