**CLASSROOM BEHAVIOR FORM**

(Step 1) [☐] Restate Expectation/Warning Given

(Step 2)

<table>
<thead>
<tr>
<th>Student Name (Last, First)</th>
<th>Grade</th>
<th>Date</th>
<th>Time</th>
<th>Referring Teacher</th>
</tr>
</thead>
</table>

**Context**
- [ ] Whole Group Instruction
- [ ] Small Group Instruction
- [ ] Individual Instruction
- [ ] Centers /Small Group Activity
- [ ] Independent Seat Work
- [ ] Transitions

**Incident Type** (Check One)
- [ ] Brought Food to Class
- [ ] Class Disruption: (Talking, Singing, Shouting, Not Working, Looking on Others Papers, Making Distracting Noises/Movements, Horseplay
- [ ] Head Down
- [ ] Minor Disrespect/Defiance
- [ ] Electronic Device/Phone in plain sight
- [ ] Leaving Trash in Class
- [ ] Writing on School Property
- [ ] Teasing
- [ ] Other Minor Violation ________________

**Possible Motivation** (Check One)
- [ ] Avoid Adult
- [ ] Obtain Adult Attention
- [ ] Avoid Peers
- [ ] Obtain Peer Attention
- [ ] Avoid Task/Activity
- [ ] Obtain Items/Activities
- [ ] Don’t Know
- [ ] Other ________________

**Incident Location** (Check One)
- [ ] Bathroom/Restroom
- [ ] Library/Media Center
- [ ] Bus Loop
- [ ] Office
- [ ] Cafeteria
- [ ] Parking Lot
- [ ] Classroom
- [ ] Phys Ed/Gym
- [ ] Courtyard
- [ ] Spec Event/Assembly/Field Trip
- [ ] Hallway/Breezeway
- [ ] Other ________________

**Incident Description:**

(Step 3)

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- [ ] Spec Event/Assembly/Field Trip
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- [ ] Other ________________

**Incident Description:**

**Others Involved** (Check One)
- [ ] None
- [ ] Peers
- [ ] Staff
- [ ] Teacher
- [ ] Substitute
- [ ] Unknown
- [ ] Others Involved __________________________

**Intervention** (Check One)
- [ ] Seat Change
- [ ] Time Out
- [ ] Loss of Class Privilege
- [ ] Student/Teacher Conference
- [ ] Other _________________________________________________________________________________________
- [ ] Curricular Modification
- [ ] Refer to Guidance

(Step 4) Submit this Tracking Form to your behavior support group for additional recommendation/support to resolve the issue.

**Parent Contact (Required):** Phone ______________ Letter ______________ Conference ___________

**Comments:** ____________________________________________________________

[Step 4] Submit this Tracking Form to your behavior support group for additional recommendation/support to resolve the issue.