

ROK Behavior Tracking Form

Student: _____ ID#: _____ Grade: _____

Date: _____ Block: _____ Teacher: _____ Case Manager: _____

Problem Behavior:

Staff:	Time:
---------------	--------------

- | | | |
|---|--|--|
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Non-compliance with rules | <input type="checkbox"/> Left School Grounds |
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> In an Unauthorized Location | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Verbal Threats | <input type="checkbox"/> Tardy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Threatening Gestures | <input type="checkbox"/> Left Class | <input type="checkbox"/> Serious (SCM) |

Location:

Staff:	Time:
---------------	--------------

- | | | | | |
|--|----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Classroom # _____ | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bus # _____ | <input type="checkbox"/> Other: _____ |
|--|----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|

Antecedent/Triggers:

Staff:	Time:
---------------	--------------

- | | |
|--|---|
| <input type="checkbox"/> Antagonized by Peer | <input type="checkbox"/> Student Appeared Irritated/Upset |
| <input type="checkbox"/> Frustrated by Task | <input type="checkbox"/> Hallway, Bus, or Home related |
| <input type="checkbox"/> Avoid/Escape | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bus Incident | <input type="checkbox"/> Serious (SCM) |

Interventions:

Staff:	Time:
---------------	--------------

- | | | |
|---|--|--|
| <input type="checkbox"/> Planned Ignoring | <input type="checkbox"/> Peer Reinforcement | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Proximity Control | <input type="checkbox"/> Para Support | <input type="checkbox"/> Peer Mediation |
| <input type="checkbox"/> Non-Verbal Cuing | <input type="checkbox"/> Security Intervention | <input type="checkbox"/> Case Manager Intervention |
| <input type="checkbox"/> Verbal Redirection | <input type="checkbox"/> Review Expectations | <input type="checkbox"/> Referred to SAFE Room |
| <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Contact Guardian | <input type="checkbox"/> Physical Intervention (SCM) |
| <input type="checkbox"/> Adjust Task | <input type="checkbox"/> In-Class Time Out | <input type="checkbox"/> Other: _____ |

Brief Description of Incident:

Outcomes:

Staff:	Time:
---------------	--------------

- | | | |
|---|---|--|
| <input type="checkbox"/> Loss of _____ Points | <input type="checkbox"/> SCSI by Administration: _____ Days | <input type="checkbox"/> Review FAB/BIP |
| <input type="checkbox"/> Remain in Class after Intervention | <input type="checkbox"/> Outdoor Suspension: _____ Days | <input type="checkbox"/> Behavior Contract |
| <input type="checkbox"/> Parent Contact on Phone | <input type="checkbox"/> Sent to SAFE Room (½ block) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Note on Point Sheet | <input type="checkbox"/> Sent to SAFE Room (full block) | |
| <input type="checkbox"/> SCM written – Serious Violation | <input type="checkbox"/> Team Meeting Scheduled | |

Follow-Up Agreement (Only required after Time-Out, SAFE, or Suspension): *See back of sheet*

ROK Behavior Tracking Form

I, _____ broke the following rule(s):

Next time, I plan to do things differently by:

Student Signature: _____ Staff Signature: _____ Date: _____

Original remains with SCSJ Teachers. Copy to referring staff member & clinician.