ROK Behavior Tracking Form

Student: ___________________________ ID#: ___________ Grade: ___________________________

Date: ___________ Block: _______ Teacher: ____________________________ Case Manager: ____________________________

Problem Behavior:

☐ Defiance ☐ Non-compliance with rules ☐ Left School Grounds
☐ Disrespect ☐ In an Unauthorized Location ☐ Destruction of Property
☐ Verbal Threats ☐ Tardy ☐ Other: ____________________________
☐ Threatening Gestures ☐ Left Class ☐ Serious (SCM)

Location:

☐ Classroom # _____ ☐ Hallway ☐ Cafeteria ☐ Bus # ____ ☐ Other: ________

Antecedent/Triggers:

☐ Antagonized by Peer ☐ Student Appeared Irritated/Upset
☐ Frustrated by Task ☐ Hallway, Bus, or Home related
☐ Avoid/Escape ☐ Other: ____________________________
☐ Bus Incident ☐ Serious (SCM)

Interventions:

☐ Planned Ignoring ☐ Peer Reinforcement ☐ Humor
☐ Proximity Control ☐ Para Support ☐ Peer Mediation
☐ Non-Verbal Cuing ☐ Security Intervention ☐ Case Manager Intervention
☐ Verbal Redirection ☐ Review Expectations ☐ Referred to SAFE Room
☐ Preferential Seating ☐ Contact Guardian ☐ Physical Intervention (SCM)
☐ Adjust Task ☐ In-Class Time Out ☐ Other: ____________________________

Brief Description of Incident:

Outcomes:

☐ Loss of ____ Points ☐ SCSI by Administration: ____ Days ☐ Review FAB/BIP
☐ Remain in Class after Intervention ☐ Outdoor Suspension: ____ Days ☐ Behavior Contract
☐ Parent Contact on Phone ☐ Sent to SAFE Room (½ block) ☐ Other
☐ Note on Point Sheet ☐ Sent to SAFE Room (full block)
☐ SCM written – Serious Violation ☐ Team Meeting Scheduled

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

8/25/10
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I, ___________________________________________ broke the following rule(s):

Next time, I plan to do things differently by:

Student Signature: ___________________________ Staff Signature: ___________________________ Date: ______________

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