



Classroom Infraction Report

Parent,

We respectfully request your support to resolve the problem behavior mentioned below. This form is used to document a recurring classroom behavior incident. The student has been given a warning and re-taught the expectation and specific rule concerning the infraction prior to recording on this form.

Student	Teacher	Grade	Gender
1st Step (Verbal Warning) Date _____ Time _____ Other: _____			
INCIDENT TYPE (Check One):			
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Physical contact <input type="checkbox"/> Electronic Device in plain sight	<input type="checkbox"/> Class Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code <input type="checkbox"/> Disrespect of staff or student	<input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other: _____	
INTERVENTION		LOCATION	PARENT CONTACT
<input type="checkbox"/> Student conference <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Phone Contact : Date _____ Parent Name _____ <input type="checkbox"/> Loss of item/class privilege Other: _____		<input type="checkbox"/> Classroom <input type="checkbox"/> Library/Computer Lab <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other

INCIDENT DESCRIPTION

Student Signature: _____

2nd Step (Parent Contact) Date _____ Time _____ Other: _____

INCIDENT TYPE (Check One):			
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Physical contact <input type="checkbox"/> Electronic Device in plain sight	<input type="checkbox"/> Class Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code <input type="checkbox"/> Disrespect of staff or student	<input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other: _____	
INTERVENTION		LOCATION	PARENT CONTACT
<input type="checkbox"/> Student conference <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Phone Contact : Date _____ Parent Name _____ <input type="checkbox"/> Loss of item/class privilege Other: _____		<input type="checkbox"/> Classroom <input type="checkbox"/> Library/Computer Lab <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other

INCIDENT DESCRIPTION

Student Signature: _____

3rd Step (Administrator Conference)

Date _____

Time _____

Other: _____

INCIDENT TYPE (Check One):		
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Physical contact <input type="checkbox"/> Electronic Device in plain sight	<input type="checkbox"/> Class Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code <input type="checkbox"/> Disrespect of staff or student	<input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other: _____
INTERVENTION	LOCATION	PARENT CONTACT
<input type="checkbox"/> Student conference <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Phone Contact : Date _____ Parent Name _____ <input type="checkbox"/> Loss of item/class privilege Other: _____	<input type="checkbox"/> Classroom <input type="checkbox"/> Library/Computer Lab <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other

INCIDENT DESCRIPTION

Student Signature: _____**Administrator Signature:** _____**4th Step (Referral)**

Date _____

Time _____

Other: _____

INCIDENT TYPE (Check One):		
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Physical contact <input type="checkbox"/> Electronic Device in plain sight	<input type="checkbox"/> Class Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code <input type="checkbox"/> Disrespect of staff or student	<input type="checkbox"/> Tardy <input type="checkbox"/> Defiance <input type="checkbox"/> Other: _____
INTERVENTION	LOCATION	PARENT CONTACT
<input type="checkbox"/> Student conference <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Phone Contact : Date _____ Parent Name _____ <input type="checkbox"/> Loss of item/class privilege Other: _____	<input type="checkbox"/> Classroom <input type="checkbox"/> Library/Computer Lab <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Hallway <input type="checkbox"/> Other	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Other

INCIDENT DESCRIPTION

Student Signature: _____**Parent Signature:** _____