

**St. Lucie County Public Schools
Student Incident Report**

Parents,

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. As of today, this incident has been documented 3 times. Please sign below stating that you understand, should it occur again, a discipline referral will be written.

Student	Teacher	Grade	Gender
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Incident Type (Check One):

<input type="checkbox"/> Prohibited Materials <input type="checkbox"/> Skipping class <input type="checkbox"/> Cheating <input type="checkbox"/> Disrespect <input type="checkbox"/> Teasing/Taunting	<input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Forgery(non-legal documents) <input type="checkbox"/> Theft <input type="checkbox"/> Defiance <input type="checkbox"/> Tardy	<input type="checkbox"/> False/Misleading Information <input type="checkbox"/> Disruption <input type="checkbox"/> Inappropriate language/materials <input type="checkbox"/> Property Misuse/Damage <input type="checkbox"/> Other: Specify _____
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1st Incident Verbal Warning/Expectation Re-taught (Date _____ [optional])

2nd Incident Date: _____ Time: _____ Location: _____
(i.e. Hallway, classroom, etc.)

Parent Contact Required

Interventions: <input type="checkbox"/> Parent Contact <input type="checkbox"/> Student conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating Change <input type="checkbox"/> Peer/Adult Mentor <input type="checkbox"/> Consult Colleague <input type="checkbox"/> Time Out (in class) <input type="checkbox"/> Academic Support <input type="checkbox"/> Model Behavior <input type="checkbox"/> Apology	Possible Motivations: <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Item/Activities <input type="checkbox"/> Other: _____ _____	Others Involved <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ _____
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3rd Incident Date: _____ Time: _____ Location: _____
(i.e. Hallway, classroom, etc.)

Interventions: <input type="checkbox"/> Student conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating Change <input type="checkbox"/> Peer/Adult Mentor <input type="checkbox"/> Consult Colleague <input type="checkbox"/> Time Out (in class) <input type="checkbox"/> Academic Support <input type="checkbox"/> Model Behavior <input type="checkbox"/> Parent Contact <input type="checkbox"/> Apology	Possible Motivations: <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Item/Activities <input type="checkbox"/> Other: _____ _____	Others Involved <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ _____
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PARENT SIGNATURE _____ **DATE** _____

4th Incident Date: _____ Time: _____ Location: _____
(i.e. Hallway, classroom, etc.)

Intervention: <input type="checkbox"/> Discipline Referral		
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