

# Newberry Springs Elementary School

## Student Discipline Report



GENERAL INFORMATION	
Student Name:	Date of Incident:
Teacher:	Grade: TK K 1 2 3 4 5
Referring Staff:	Time of incident:
Location of Incident: <input type="checkbox"/> Restroom <input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom (Room # _____) <input type="checkbox"/> Hallway <input type="checkbox"/> Library <input type="checkbox"/> Music <input type="checkbox"/> Office <input type="checkbox"/> P.E. <input type="checkbox"/> Playground <input type="checkbox"/> Other _____	

### Problem Behavior

<p><b>Minor Violation:</b> All minors require teacher consequence</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate Language</li> <li><input type="checkbox"/> Disruptive Horseplay</li> <li><input type="checkbox"/> Refusal to Follow Directions or Instructions</li> <li><input type="checkbox"/> Dress Code Violation</li> <li><input type="checkbox"/> Confiscation: _____</li> <li><input type="checkbox"/> Physical Contact</li> <li><input type="checkbox"/> Defiance</li> <li><input type="checkbox"/> Property Misuse</li> <li><input type="checkbox"/> Disruption</li> <li><input type="checkbox"/> Tease/Taunt</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>Major Violation:</b> All Majors require administrator consequence, parent contact and signature.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unacceptable Language/Profanity</li> <li><input type="checkbox"/> Damage to School Property</li> <li><input type="checkbox"/> Damage to Personal Property not belonging to you</li> <li><input type="checkbox"/> Bullying</li> <li><input type="checkbox"/> Fighting/Physical Aggression</li> <li><input type="checkbox"/> Overt Defiance/Disrespect</li> <li><input type="checkbox"/> Harassment</li> <li><input type="checkbox"/> Possession of a Controlled Substance</li> <li><input type="checkbox"/> Disruption</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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### Possible Motivation      Administrative Decision

<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain Peer Attention</li> <li><input type="checkbox"/> Obtain Adult Attention</li> <li><input type="checkbox"/> Obtain Items/Activities</li> <li><input type="checkbox"/> Avoid Peer(s)</li> <li><input type="checkbox"/> Avoid Adult</li> <li><input type="checkbox"/> Avoid Task or Activity</li> <li><input type="checkbox"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Loss of Privilege</li> <li><input type="checkbox"/> Time in Office</li> <li><input type="checkbox"/> Conference with Student</li> <li><input type="checkbox"/> Parent Contact</li> <li><input type="checkbox"/> Individualized Instruction</li> <li><input type="checkbox"/> In-School Suspension (____ hours/days)</li> <li><input type="checkbox"/> Out of School Suspension (____ hours/days)</li> <li><input type="checkbox"/> Other _____</li> </ul>
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### Previous Interventions

<ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-correct/Redirect</li> <li><input type="checkbox"/> Seat Change</li> <li><input type="checkbox"/> Reteach the PBIS violation</li> <li><input type="checkbox"/> Provide Choice</li> <li><input type="checkbox"/> Adjust Work</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Conference with Student</li> <li><input type="checkbox"/> Change of Location</li> <li><input type="checkbox"/> Time Out</li> <li><input type="checkbox"/> Reinforce</li> <li><input type="checkbox"/> Parent Contact</li> </ul> <p>Date: _____ Time: _____ Who: _____</p>
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### Other Involved in Incident:    None    Peers    Staff    Teacher    Substitute    Unknown    Other

If peers were involved, list them: \_\_\_\_\_

Explanation of Incident/Other Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian please sign and return to your child's teacher. Thank you! Mrs. Chavez