

# Shawnee Elementary Behavior Violation Form

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Location:

Classroom Teacher: \_\_\_\_\_

Grade: K 1 2 3 4 5

Referred By: \_\_\_\_\_

Administrator: \_\_\_\_\_

- Cafeteria       Bathroom
- Hallway         Classroom
- Field Trip       Assembly
- Bus               Bus Stop
- Playground     Media Center
- Specials: \_\_\_\_\_
- Other \_\_\_\_\_

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Pushing / shoving <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Dress code <input type="checkbox"/> Not respecting property <input type="checkbox"/> Running <input type="checkbox"/> Put-downs / name calling <input type="checkbox"/> Lying / cheating <input type="checkbox"/> Other _____	<input type="checkbox"/> Abusive language <input type="checkbox"/> Fighting / physical altercation <input type="checkbox"/> Insubordination / disrespect <input type="checkbox"/> Harassment / bullying <input type="checkbox"/> Obscenity <input type="checkbox"/> Stealing <input type="checkbox"/> Property damage <input type="checkbox"/> Verbal / written threats <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items / activities <input type="checkbox"/> Avoid peer <input type="checkbox"/> Avoid adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Reaction to peer <input type="checkbox"/> Control <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
<b>Consequence(s)</b>		
<input type="checkbox"/> Verbal / written apology <input type="checkbox"/> Time-out in office ( _____ minutes) <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent contact / call <input type="checkbox"/> Lunch detention ( _____ days) <input type="checkbox"/> No recess ( _____ days)	<input type="checkbox"/> Verbal warning <input type="checkbox"/> In-school suspension ( _____ hours / days) <input type="checkbox"/> Out-of-school suspension ( _____ days) <input type="checkbox"/> Behavior reflection sheet <input type="checkbox"/> Bus suspension ( _____ days) <input type="checkbox"/> Other _____	

Others involved in incident:  None    Staff    Teacher    Substitute  
 Unknown    Peers: \_\_\_\_\_

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please discuss this behavior violation with your child. Sign and return this form on the next school day. Keep the white copy for your records.

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