



☐ **OFFICE MANAGED (complete form, send student to office immediately with form)**

## MCAE BEHAVIORAL INCIDENT REPORT

Please complete all sections and submit to office by day's end. **Only one student per incident report.**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date: \_\_\_\_\_ Exact Time: \_\_\_\_\_ Referring Staff: \_\_\_\_\_

Victim: \_\_\_\_\_

Notes:

### LOCATION

- |                                   |                                    |                                    |                                     |                                       |
|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Art      | <input type="checkbox"/> Bathroom  | <input type="checkbox"/> Classroom | <input type="checkbox"/> Library    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Bus       | <input type="checkbox"/> Gym       | <input type="checkbox"/> Music      |                                       |
| <input type="checkbox"/> Band     | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hallway   | <input type="checkbox"/> Playground |                                       |

### BEHAVIOR

Classroom Managed Behaviors	Office Managed Behaviors
<b>Retraining/Loss of Privileges</b> <input type="checkbox"/> Bullying I – Put downs <input type="checkbox"/> Defiance/Disrespect I <input type="checkbox"/> Disruptive Behavior I <input type="checkbox"/> Idling/Off-task <input type="checkbox"/> Inappropriate or obscene language, material, gestures, or displays <input type="checkbox"/> Physical contact <input type="checkbox"/> Tardy for class/Time out of class <input type="checkbox"/> Unprepared for class <input type="checkbox"/> Other: _____	<input type="checkbox"/> Chronic/repeated minor infractions <input type="checkbox"/> Aggressive/Abusive/Threatening Language <input type="checkbox"/> Bus Misconduct <input type="checkbox"/> Failure to attend detention <input type="checkbox"/> Fighting <input type="checkbox"/> Leaving school grounds without permission <input type="checkbox"/> Possession of controlled or illegal substances <input type="checkbox"/> Tobacco use or personal possession <input type="checkbox"/> Destruction of school property or another student's property <input type="checkbox"/> Weapons <input type="checkbox"/> Willfully activating a fire alarm or fire extinguisher <input type="checkbox"/> Other _____
<b>Detention</b> <input type="checkbox"/> Bullying II/Abusive Language <input type="checkbox"/> Dishonesty <input type="checkbox"/> Defiance/Disrespect II <input type="checkbox"/> Disruptive Behavior II <input type="checkbox"/> Unauthorized use of electronic devices	

### ACTION TAKEN (Check all that apply)

Teacher Actions	Administrative Actions
<input type="checkbox"/> Conference student <input type="checkbox"/> Detention <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Contacted: _____ # _____ <input type="checkbox"/> Parent Meeting <input type="checkbox"/> SBBH Contacted/Intervention <input type="checkbox"/> Sent to principal for chronic/repeated minor infractions <input type="checkbox"/> CST/SAP Referral <input type="checkbox"/> Other _____	<input type="checkbox"/> Conference Student <input type="checkbox"/> Detention <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Parent Contacted: _____ # _____ <input type="checkbox"/> Parent Meeting <input type="checkbox"/> SBBH Contacted/Intervention <input type="checkbox"/> CST/SAP Referral <input type="checkbox"/> Bus Suspension ____ Day/s <input type="checkbox"/> Suspension – In ____ Day/s <input type="checkbox"/> Suspension – Out ____ Day/s <input type="checkbox"/> Other _____

### COMMENTS:

---