

BEHAVIOR REPORT

Name: _____ Date: _____ Time: _____

Grade: _____ Referring Staff Member: _____

Please check all that apply. This form should be copied and a copy sent home with parent and a copy should be sent to Amanda Shultzaberger.

Problem Behavior	Consequence
<p>Minor</p> <p><input type="checkbox"/> Inappropriate language</p> <p><input type="checkbox"/> Physical Contact</p> <p><input type="checkbox"/> Defiance/Non-compliance</p> <p><input type="checkbox"/> Disruptive Behavior</p> <p><input type="checkbox"/> Property Misuse</p> <p>Other _____</p> <p>Major</p> <p><input type="checkbox"/> Abusive language</p> <p><input type="checkbox"/> Fighting/Aggression</p> <p><input type="checkbox"/> Overt Defiance</p> <p><input type="checkbox"/> Harrassment/Bullying</p> <p><input type="checkbox"/> Lying/Stealing</p> <p>Other _____</p>	<p><input type="checkbox"/> Loss of privilege</p> <p><input type="checkbox"/> Time out with Supervisor</p> <p><input type="checkbox"/> Parent Contact</p> <p><input type="checkbox"/> Suspension from program (_____ days)</p> <p><input type="checkbox"/> Time out</p> <p><input type="checkbox"/> Other _____</p>

Others involved in incident:

- None
- Peers
- Staff Member
- Other _____

Please describe the behavior : _____

To the parent: Please sign and return to the Site Supervisor. After three Behavior Reports, your child may be asked to leave the program.

Parent Signature: _____

Site Supervisor Signature: _____

