

Hathaway CHAMPS Behavior Incident Report Form

Student Name:	Gender:	Grade:
Location:	Time:	Date:
Referring adult:		

Moderate(Form goes to office)	Severe (Student goes to office)
<input type="checkbox"/> Chronic misbehavior (e.g. late to class, missing classwork, disruption) <input type="checkbox"/> Not following directions (but eventually complies) <input type="checkbox"/> Disrespect to an adult (low grade) <input type="checkbox"/> Name calling, put-downs, etc. <input type="checkbox"/> Other:	<input type="checkbox"/> Illegal (e.g.threats, weapons, drugs, assault) <input type="checkbox"/> Physically Dangerous <input type="checkbox"/> Gross insubordination <input type="checkbox"/> Gender, racial, or other gross disrespect <input type="checkbox"/> Other:

Description of problem/ situation:

Action taken by referring adult:	
<input type="checkbox"/> Parental contact <input type="checkbox"/> Use a one-liner (e.g. "Keep your hands to yourself") <input type="checkbox"/> Instructional/ Verbal correction <input type="checkbox"/> State that you will follow up. <input type="checkbox"/> Have student demonstrate or practice the rule.	<input type="checkbox"/> Restrict activity <input type="checkbox"/> Stay with referring adult <input type="checkbox"/> Assign and monitor consequence <input type="checkbox"/> Restitution <input type="checkbox"/> Restorative Dialogue <input type="checkbox"/> Other

Action taken by administrator: