

POSITIVE BEHAVIOR SUPPORT TRACKING FORM

Student Name: _____

Grade Level: _____ **Behavior Event #:** _____

Staff Member: _____

Date: _____ **Time:** _____

School: _____

LOCATION OF EVENT	
<input type="checkbox"/> Restroom	<input type="checkbox"/> Locker Room
<input type="checkbox"/> Bus	<input type="checkbox"/> Off-Campus
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Office
<input type="checkbox"/> Classroom	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Common Area	<input type="checkbox"/> Playground
<input type="checkbox"/> Gym	<input type="checkbox"/> Special Event
<input type="checkbox"/> Hallway	<input type="checkbox"/> Unknown
<input type="checkbox"/> Library	<input type="checkbox"/> Other

POSITIVE RECOGNITION	<input type="checkbox"/> Academic Recognition: _____ <input type="checkbox"/> Positive Behavior Recognition: _____ <input type="checkbox"/> Award / Other: _____
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MINOR BEHAVIOR EVENT	INTERVENTION (STAFF)	POSSIBLE MOTIVATION
<input type="checkbox"/> Academic Integrity <input type="checkbox"/> Damage to School Property <input type="checkbox"/> Defiance/Disrespect/Insubordination <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Invasion of Personal Space <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Intervention: _____ <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Modify Work <input type="checkbox"/> Verbal Cue <input type="checkbox"/> Positive Reinforcement: _____ <input type="checkbox"/> Re-Teach Expectation <input type="checkbox"/> Student Conference <input type="checkbox"/> Student Contract <input type="checkbox"/> Differentiated Instruction <input type="checkbox"/> Reflection Activity <input type="checkbox"/> Extra Time Spent on Task <input type="checkbox"/> Referral to Intervention Asst. Team (IAT) <input type="checkbox"/> Loss of Item/Class privilege <input type="checkbox"/> Focused Detention <input type="checkbox"/> Reflection Activity <input type="checkbox"/> Instructional Recovery <input type="checkbox"/> Other: _____ <input type="checkbox"/> Conference/Contact <input type="checkbox"/> Parent <input type="checkbox"/> Student Date: _____ <input type="checkbox"/> Recovery in Room <input type="checkbox"/> Seating Change	<input type="checkbox"/> Avoid Adult(s) <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activity <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Item/Activity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
		OTHERS INVOLVED
		<input type="checkbox"/> Peers <input type="checkbox"/> Staff Member <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

MAJOR BEHAVIOR EVENT	BEHAVIOR RESOLUTION (ADMINISTRATION)
<input type="checkbox"/> Academic Integrity <input type="checkbox"/> Attendance/ Truancy <input type="checkbox"/> Damage to School Property <input type="checkbox"/> Defiance/Disrespect/Insubordination <input type="checkbox"/> Disturbance of School Activities <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Fighting/ Physical Aggression <input type="checkbox"/> Gang Related Behavior <input type="checkbox"/> Harassment/Bullying/Intimidation <input type="checkbox"/> Possession of Alcohol <input type="checkbox"/> Possession of Controlled Substance <input type="checkbox"/> Possession of Weapon: _____ <input type="checkbox"/> Sales/ Distribution of CS <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Theft <input type="checkbox"/> Threat to Staff <input type="checkbox"/> Threat to Student <input type="checkbox"/> Tobacco <input type="checkbox"/> Violence/Harmful <input type="checkbox"/> Violence/Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> Referral to Intervention Asst. Team (IAT) <input type="checkbox"/> Intervention <input type="checkbox"/> Tier 2 Intervention: _____ <input type="checkbox"/> Check In / Check Out (CICO) <input type="checkbox"/> Tier 3 Intervention: _____ <input type="checkbox"/> Conference/Contact <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> School Beautification <input type="checkbox"/> Restitution <input type="checkbox"/> Focused Detention <input type="checkbox"/> Reflection Activity <input type="checkbox"/> Instructional Recovery <input type="checkbox"/> Other: _____ <input type="checkbox"/> ISS <input type="checkbox"/> BUS Start Date: _____ End Date: _____ <input type="checkbox"/> Saturday School Date: _____ <input type="checkbox"/> After School Intervention <input type="checkbox"/> GRIP/SIP/VIP: _____ <input type="checkbox"/> Other Admin Decision _____

ADDITIONAL COMMENTS:

ADDITIONAL INFORMATION (SEE ATTACHED)

SIGNATURES: _____ / _____ / _____ / _____
Student Signature Administrator Signature Parent Signature Date
<i>*Parent Notification/Signature Required After Each Major Event</i>