



Eureka City Schools
Elementary Behavior Tracking Form

☐ **Minor**

☐ **Major**

Student Info

Student (Full Name): _____ Grade _____

Staff _____ Incident Date _____ Time: ____:____

Location

- | | | | | | |
|------------------------------------|---------------------------------------|---------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bus | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Loading Zone | <input type="checkbox"/> Assembly | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Off Campus | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Office | <input type="checkbox"/> Field Trip/Special Event | |
| <input type="checkbox"/> Library | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Common Areas | <input type="checkbox"/> After-School Program | | |

Behavior

- | | | |
|---|---|--|
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Misuse of Property |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Abusive Language | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Forgery/Theft/Plagiarism | <input type="checkbox"/> Harassment (mark specific type) |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Dress Code | <input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Skipping/Cutting | <input type="checkbox"/> Gender <input type="checkbox"/> Sexual <input type="checkbox"/> Religion |
| <input type="checkbox"/> Lying/Cheating | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Physical <input type="checkbox"/> Other |
| <input type="checkbox"/> Misuse of Technology | <input type="checkbox"/> Fighting | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Inappropriate Location | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Inappropriate Display of Affection | | |

- Possible Motivation**
- | | | |
|--|---|---|
| <input type="checkbox"/> Obtain Peer attention | <input type="checkbox"/> Avoid Peer Attention | <input type="checkbox"/> Avoid Adult Attention |
| <input type="checkbox"/> Avoid Tasks/ Activities | <input type="checkbox"/> Obtain Adult Attention | <input type="checkbox"/> Obtain Items/ Activities |

Others involved:

- ☐ No One ☐ Peers ☐ Teacher ☐ Staff ☐ Substitute ☐ Unknown ☐ Other: _____

Teacher Action for Major

☐ Parent Contact Date: _____

☐ Log Completed in Power School

☐ No Answer/Left Message

Action(s) Taken by Administration:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Suspension _____ Days | <input type="checkbox"/> Time Out/Detention | <input type="checkbox"/> Reteach Program | <input type="checkbox"/> Counseling Referral |
| <input type="checkbox"/> In School <input type="checkbox"/> Out of School | <input type="checkbox"/> Peer Intervention | <input type="checkbox"/> Conference w/ Student | <input type="checkbox"/> Parent Contact |
| <input type="checkbox"/> Bus Suspension | <input type="checkbox"/> Alternative Placement | <input type="checkbox"/> Time in Office | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> Community Service | <input type="checkbox"/> Additional Attendance |
| <input type="checkbox"/> Action Pending | <input type="checkbox"/> Other: _____ | | |

Previous Actions and Notes on Current Incident:

Student Signature _____

Parent Signature _____