



Eureka City Schools
Winship Behavior Tracking Form

☐ **Minor**

☐ **Major**

Student Info

Student (Full Name): _____ Grade _____

Staff _____ Incident Date _____ Time: ____:____

Location

- | | | |
|---|---|---|
| <input type="checkbox"/> Locker Room | <input type="checkbox"/> After School Program | <input type="checkbox"/> Field Trip/Special Event |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bus | <input type="checkbox"/> Restroom/bathroom |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Common Areas | <input type="checkbox"/> Loading Zone |
| <input type="checkbox"/> After-School Event | <input type="checkbox"/> Off Campus | <input type="checkbox"/> Office |
| <input type="checkbox"/> Library | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym |

Behavior

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Disrespect | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Misuse of Property | <input type="checkbox"/> Drug Paraphernalia |
| <input type="checkbox"/> Defiance/Disruption | <input type="checkbox"/> Inappropriate Location | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Use/Possession of Alcohol |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Theft | <input type="checkbox"/> Dress Code | <input type="checkbox"/> Use/Possession of Illegal Sub |
| <input type="checkbox"/> Misuse of Technology | <input type="checkbox"/> Tardy (chronic) | <input type="checkbox"/> Bullying | <input type="checkbox"/> Tobacco and/or Paraphernalia |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Cutting Class | <input type="checkbox"/> Weapons | <input type="checkbox"/> Physical Aggression |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Gang Related Activity | <input type="checkbox"/> Harassment (mark specific type) | |
| <input type="checkbox"/> Inappropriate Display of Affection | | <input type="checkbox"/> disability | <input type="checkbox"/> ethnicity |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> sexual | <input type="checkbox"/> religion |
| | | <input type="checkbox"/> race | <input type="checkbox"/> gender orientation |
| | | <input type="checkbox"/> other _____ | |

Possible Motivation

- | | | |
|--|---|--|
| <input type="checkbox"/> Obtain Peer Attention | <input type="checkbox"/> Avoid Peer Attention | <input type="checkbox"/> Avoid Adult Attention |
| <input type="checkbox"/> Obtain Items/Activities | <input type="checkbox"/> Avoid Tasks/Activities | <input type="checkbox"/> Felt Disrespected |

Others involved:

☐ No #ne ☐ Peers ☐ Teacher ☐ Staff ☐ Substitute ☐ Unknown ☐ Other: _____

Teacher Action for Major

- | | |
|---|--|
| <input type="checkbox"/> Parent Contact Date: _____ | <input type="checkbox"/> Log Completed in Power School |
| | <input type="checkbox"/> No Answer/Left Message |

Action(s) Taken by Staff

- | | | |
|---|--|--|
| <input type="checkbox"/> Time Out/Detention | <input type="checkbox"/> Reteach Program | <input type="checkbox"/> Peer Intervention |
| <input type="checkbox"/> Conference w/Student | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Alternative Placement |
| <input type="checkbox"/> Restitution | <input type="checkbox"/> Loss of Privileges | <input type="checkbox"/> Class Suspension |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Additional Attendance | <input type="checkbox"/> Action Pending |
| | | <input type="checkbox"/> Other: _____ |

Action(s) Taken by Administration:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Suspension _____ days | <input type="checkbox"/> Counseling Referral | <input type="checkbox"/> Time in Office | <input type="checkbox"/> Time Out/Detention |
| <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"/> Restitution | <input type="checkbox"/> Loss of Privileges |
| <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> Community Service | <input type="checkbox"/> Reteach Program (Rule School) | |
| <input type="checkbox"/> Conflict Mediation | <input type="checkbox"/> Action Pending | <input type="checkbox"/> Other: _____ | |

Previous Actions and Notes on Current Incident:

Administrator's Initials

Date Entered: _____