

PBIS Tracking Form

Student Name: _____

Date: _____ Time: _____

Grade: K 1 2 3 4 5 6

Referring Staff: _____

Location:		
<input type="checkbox"/> Playground	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Hallway
<input type="checkbox"/> Assemblies	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Bus
<input type="checkbox"/> Classrooms	<input type="checkbox"/> Arrival/Dismissal	
<input type="checkbox"/> Art	<input type="checkbox"/> Gym	<input type="checkbox"/> Library
<input type="checkbox"/> Music	<input type="checkbox"/> Comp. Lab	
Other _____		

Problem Behaviors:

Minor	Major
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Abusive language
<input type="checkbox"/> Physical contact	<input type="checkbox"/> Fighting / Physical aggression
<input type="checkbox"/> Disruptive	<input type="checkbox"/> Disruptive
<input type="checkbox"/> Property misuse	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Harassment / Threats / Bullying
<input type="checkbox"/> Failure to follow rules	<input type="checkbox"/> Defiant / Non compliant
<input type="checkbox"/> Dishonest	<input type="checkbox"/> Dishonest
<input type="checkbox"/> Failure to complete work	<input type="checkbox"/> Other
<input type="checkbox"/> Other	

Possible Motivation:

<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Avoid work	<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Don't know
<input type="checkbox"/> Avoid peer (s)	<input type="checkbox"/> Avoid Adult (s)	<input type="checkbox"/> Obtain items/activities	<input type="checkbox"/> Avoid task/activities
Other: _____			

Action Taken:

Minor: (Teacher Managed Behavior)	Major: (Office Managed Behavior)
<input type="checkbox"/> Conference with student	<input type="checkbox"/> Time in office / conference
<input type="checkbox"/> Individualized instruction	<input type="checkbox"/> Lunch detention, date served _____
<input type="checkbox"/> Time out / Take a Break	<input type="checkbox"/> After school detention
<input type="checkbox"/> Loss of privilege _____	<input type="checkbox"/> Loss of privilege
<input type="checkbox"/> Use classroom behavior plan	<input type="checkbox"/> Office Detention (short period of time)
<input type="checkbox"/> Lunch detention, date served _____	<input type="checkbox"/> In-school suspension
<input type="checkbox"/> Teacher Detention	<input type="checkbox"/> Out-of-school suspension
<input type="checkbox"/> Logical consequence (see comments)	<input type="checkbox"/> Restrained
<input type="checkbox"/> Parent contact - Teacher	<input type="checkbox"/> Incident report filed
<input type="checkbox"/> After school detention (date served _____)	<input type="checkbox"/> Parent contact - teacher / administrator
<input type="checkbox"/> Other (ie: change of seat, name on board ...)	<input type="checkbox"/> Restitution
	<input type="checkbox"/> Other _____

Others involved:

<input type="checkbox"/> None	<input type="checkbox"/> Peers	<input type="checkbox"/> Teacher	<input type="checkbox"/> Staff	<input type="checkbox"/> Substitute	<input type="checkbox"/> Unknown Others
Other _____					

Comments (optional):
