**SOUTH FREDERICK ELEMENTARY DOCUMENTATION FORM**

**Student:** ___________________________  **Documenting Person:** ___________________________  **Time:** ___________  **Date:** ___________

**Grade:** ___________  **Homeroom:** ___________________________  **Staff Members Present:** ___________________________

**LOCATION:**
- Cafeteria
- Hallway
- Classroom
- Playground
- Outside
- Bathroom
- Media Center
- Computer Lab
- Gymnasium
- Special Activity (specify)

**STUDENT:**
- Was asked to do something
- Resisted transition
- Could not get desired item/activity
- Was emotional or upset
- Was provoked by another student
- Was asked to work independently
- Was asked to work in a group/pair
- Other

**SCHOOL RULE BROKEN:**
- Keep hands feet and objects to self
- Speak respectfully
- Use materials/equipment safely
- Follow directions
- Show listening

**PREVIOUS ACTIONS:**
- Verbal redirection
- Warning
- Time-out in room (duration ____________)
- Time out in another room (duration ____________)
- Problem solving
- Separation of students
- Additional task/assignment given
- Loss time on recess/activity
- Loss access to items

**DESCRIPTION OF BEHAVIORS**

**ACTIONS TAKEN**

<table>
<thead>
<tr>
<th>Parent Contact by Documenting Person</th>
<th>Date __________</th>
<th>Time __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face Conversation</td>
<td>Phone #</td>
<td>_____________________________</td>
</tr>
<tr>
<td>Telephone Conversation (Phone #)</td>
<td>_____________________________</td>
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<tr>
<td>Left Message at (Phone #)</td>
<td>_____________________________</td>
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</tbody>
</table>

**Summary of Conversation**

**Student Assignment:**
- Apology Letter □
- Problem Solving Plan □

**Contract with:**
- Teacher □
- Student Support □
- Parent □

**Called Parent:**
- Date __________
- Time __________

**Follow up:**
- Detention with (name):
- Lunch □  Recess □
- AM □  PM □
- Other _____________________________

**Reviewed By:** (Initials) __________  **Title:** □ Principal  □ Assistant Principal  □ Guidance Counselor  □ Student Support Teacher

**Parent/Guardian’s Signature** ___________________________  **Date:** ___________  **Student’s Signature** ___________________________