

SOUTH FREDERICK ELEMENTARY DOCUMENTATION FORM

**Student:** \_\_\_\_\_ **Documenting Person:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_ **Staff Members Present:** \_\_\_\_\_

<b>LOCATION:</b> <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Outside <input type="checkbox"/> Bathroom <input type="checkbox"/> Media Center <input type="checkbox"/> Computer Lab <input type="checkbox"/> Gymnasium <input type="checkbox"/> Special Activity (specify)	<b>STUDENT:</b> <input type="checkbox"/> Was asked to do something <input type="checkbox"/> Resisted transition <input type="checkbox"/> Could not get desired item/activity <input type="checkbox"/> Was emotional or upset <input type="checkbox"/> Was provoked by another student <input type="checkbox"/> Was asked to work independently <input type="checkbox"/> Was asked to work in a group/pair <input type="checkbox"/> Other  _____ _____	<b>SCHOOL RULE BROKEN:</b> <input type="checkbox"/> Keep hands feet and objects to self <input type="checkbox"/> person <input type="checkbox"/> property <input type="checkbox"/> Speak respectfully <input type="checkbox"/> Use materials/equipment safely <input type="checkbox"/> Follow directions <input type="checkbox"/> Show listening	<b>PREVIOUS ACTIONS:</b> <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Warning <input type="checkbox"/> Time-out in room (duration _____) <input type="checkbox"/> Time out in another room (duration _____) <input type="checkbox"/> Problem solving <input type="checkbox"/> Separation of students <input type="checkbox"/> Additional task/assignment given <input type="checkbox"/> Loss time on recess/activity <input type="checkbox"/> Loss access to items
---	--	--	---

**DESCRIPTION OF BEHAVIORS** \_\_\_\_\_

**ACTIONS TAKEN**

<b>Parent Contact by Documenting Person</b> <b>Date</b> _____ <b>Time</b> _____ <input type="checkbox"/> Face to Face Conversation <input type="checkbox"/> Telephone Conversation (Phone #) _____ <input type="checkbox"/> Left Message at (Phone #) _____ <b>Summary of Conversation</b> _____ _____ _____ _____	<b>Student Assignment:</b> Apology Letter <input type="checkbox"/> Problem Solving Plan <input type="checkbox"/>  <b>Contract with:</b> Teacher <input type="checkbox"/> Student Support <input type="checkbox"/> Parent <input type="checkbox"/>  <b>Called Parent:</b> Date _____  Time _____	<b>Date</b> _____  <b>Follow up:</b> Detention with (name): _____  Lunch <input type="checkbox"/> Recess <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>  Other _____ _____  NDW <input type="checkbox"/>  Refer to _____	<b>Date</b> _____
--	---	---	-------------------

**Reviewed By:** (Initials) \_\_\_\_\_ **Title:**  Principal     Assistant Principal     Guidance Counselor     Student Support Teacher

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Student's Signature** \_\_\_\_\_