

## Burks Elementary Teacher Documentation

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**TEACHER INTERVENTIONS (please include dates):**

\_\_\_\_\_ Warning: Behavior(s) exhibited \_\_\_\_\_

\_\_\_\_\_ Think Time \_\_\_\_\_

\_\_\_\_\_ Conference with student \_\_\_\_\_

\_\_\_\_\_ Loss of Privilege \_\_\_\_\_

\_\_\_\_\_ Contact Parents Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone/email \_\_\_\_\_

\_\_\_\_\_ Behavioral Intervention (explain): \_\_\_\_\_

\_\_\_\_\_ Office Intervention \_\_\_\_\_

\* **Directions:** If the student's behavior continues to be inappropriate or disruptive, please provide information regarding this incident, &/or events leading up to it in the spaces below. *This form should be sent with office referral to the office.*

WHAT HAPPENED BEFORE?	INAPPROPRIATE BEHAVIOR OF STUDENT	TEACHER INTERVENTION
<input type="checkbox"/> Appeared to be in discomfort <input type="checkbox"/> Asked to do something <input type="checkbox"/> Bored-no materials/activities <input type="checkbox"/> Could not get desired item <input type="checkbox"/> Loud/disruptive environment <input type="checkbox"/> Nothing "out of the blue" <input type="checkbox"/> Ongoing behavior interrupted <input type="checkbox"/> Other student provoked <input type="checkbox"/> Stopped from doing activity <input type="checkbox"/> Transitional time <input type="checkbox"/> Attention given to others <input type="checkbox"/> Other  _____ _____ _____ _____ _____	Please list history of student behavior(s). Refer to Student Code of Conduct if needed. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Called for assistance <input type="checkbox"/> Physical redirection to activity <input type="checkbox"/> Removed from room/area <input type="checkbox"/> Required to continue activity <input type="checkbox"/> Separation within room/area <input type="checkbox"/> Think Time _____ minutes <input type="checkbox"/> Verbal redirection to activity <input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Assignment of School Duties/Activities <input type="checkbox"/> Other  _____ _____ _____ _____ _____

Additional Comments \_\_\_\_\_

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