

# LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BEHAVIOR REPORT

**FORM "A"**

In accordance with R. S. 17:416(A) the purpose of this report is to inform parents/guardians of a behavior incident on the school campus, in the classroom, cafeteria, gymnasium, auditorium, elsewhere at the school or during school-related activities, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety, well-being or education of other students, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences.

Name of Student \_\_\_\_\_ Phone \_\_\_\_\_ Grade/Section \_\_\_\_\_  
 Name of Teacher/Staff \_\_\_\_\_ Room #/Location \_\_\_\_\_  
 Name of Principal \_\_\_\_\_ School \_\_\_\_\_  
 Check One:  Regular Education  504  Special Education Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Time Code: \_\_\_\_\_ 01 Before School on Grounds, 02 During Class, 03 Between Classes, 04 After Normal School Hours & Supervised, 05 To / From School, 06 At Bus Stop or Transfer Station, 07 During School Extracurricular / Assembly Event, 08 Recess, Club, Free Time, 09 Homeroom, 10 Breakfast /Lunch, 99 Outside of School Hours or Supervision  
 Location Code: \_\_\_\_\_ 01 Classroom, 02 Restroom, 03 Lunchroom, 04 Hallway, 05 Playground, 07 Bus Stop, 08 Parking Lot, 09 Locker Room, 10 Cell Phone, 11 Internet, 12 To or From School, 13 School Sponsored Event, 14 Home, 98 Offsite Program, 99 Other \_\_\_\_\_  
 Motivation Code: \_\_\_\_\_ 1 Avoid Adult, 2 Avoid Peers, 3 Avoid Task / Activity, 4 Obtain Adult Attention, 5 Obtain Items / Activities, 6 Obtain Peer Attention, 7 Other \_\_\_\_\_, 8 Don't Know  
 Related Influences:  Drugs,  Alcohol,  Gang,  Bias (Bias Motivation Codes:  01 Appearance,  02 Gender,  03 Religion,  04 Disability,  05 Race / Ethnicity,  Don't Know \_\_\_\_\_,  06 Sexual Orientation,  07 Home Circumstances,  08 Medical Condition,  09 Poverty,  99 Other \_\_\_\_\_)  
 Circle Yes or No **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

### Primary Incident / Reason Codes. Check all that apply.

- |  |  |  |
|--|--|--|
| 01. <input type="checkbox"/> Willful disobedience  | 12. <input type="checkbox"/> Writes profane and/or obscene language or draws obscene pictures    | 36. <input type="checkbox"/> Cyber Bullying/Cyber Harassment (*complete Bully form)  |
| 02. <input type="checkbox"/> Treats an authority with disrespect                                     | 15. <input type="checkbox"/> Throws missiles liable to injure others                             | 38. <input type="checkbox"/> Forgery   |
| 03. <input type="checkbox"/> Makes an unfounded charge against authority                             | 16. <input type="checkbox"/> Instigates or participates in fights while under school supervision | 39. <input type="checkbox"/> Gambling  |
| 04. <input type="checkbox"/> Uses profane and/or obscene language                                    | 17. <input type="checkbox"/> Violates traffic and safety regulations                             | 42. <input type="checkbox"/> Unauthorized use of Technology                          |
| 05. <input type="checkbox"/> Is guilty of immoral or vicious practices                               | 18. <input type="checkbox"/> Leaves school premises or classroom without permission              | 43. <input type="checkbox"/> Improper dress  |
| 06. <input type="checkbox"/> Is guilty of conduct or habits injurious to his/her associates          | 19. <input type="checkbox"/> Is habitually tardy and/or absent                                   | 44. <input type="checkbox"/> Academic dishonesty                                     |
| 08. <input type="checkbox"/> Uses or possesses tobacco or lighter                                    | 20. <input type="checkbox"/> Is guilty of stealing   | 45. <input type="checkbox"/> Trespassing Violation                                   |
| 09. <input type="checkbox"/> Uses or possesses alcoholic beverages                                   | 21. <input type="checkbox"/> Commits any other serious offense                                   | 46. <input type="checkbox"/> Failure to Serve Assigned Consequence                   |
| 10. <input type="checkbox"/> Disturbs the school or habitually violates any rule                     | 35. <input type="checkbox"/> Bullying/Harassment (*complete Bully form)                          | 47. <input type="checkbox"/> Misusing Internet/Violates electronic/technology policy |
| 11. <input type="checkbox"/> Cuts, defaces, or injures any part of public school buildings/vandalism |  |  |

REMARKS/DESCRIPTION OF INCIDENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ACTION(S) TAKEN BY TEACHER OR OTHER SCHOOL EMPLOYEE

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (circle one) or other \_\_\_\_ cumulative behavioral referral(s). I have taken the following action(s):

- |   |  |  |  |  |
|---|--|--|--|--|
| 011 <input type="checkbox"/> Referred to Office                   | 012 <input type="checkbox"/> Referred to Counselor | 013 <input type="checkbox"/> Referred to Social Worker | 014 <input type="checkbox"/> Referred to SBLC                  | 018 <input type="checkbox"/> Secondary Referral (PBIS) |
| 019 <input type="checkbox"/> Tertiary Referral (PBIS)             | 022 <input type="checkbox"/> Therapeutic Removal   | 025 <input type="checkbox"/> Intervention Room         | 080 <input type="checkbox"/> Assigned Remedial Work            |  |
| 120 <input type="checkbox"/> Student Conference                   | 140 <input type="checkbox"/> Student Reprimand     | 160 <input type="checkbox"/> Loss of Privileges        | 030 <input type="checkbox"/> Restorative Practices Implemented |  |
| 173 <input type="checkbox"/> Conference with Parents or Guardians |  | 175 <input type="checkbox"/> Conference with Principal | 999 <input type="checkbox"/> Other Action _____                |  |

Y N Contact Parent/Guardian Date: \_\_\_\_\_ Time: \_\_\_\_\_  Phone Call  Letter  Conference Date: \_\_\_\_\_ Time: \_\_\_\_\_

### RECOMMENDATION(S) BY TEACHER OR OTHER SCHOOL EMPLOYEE

Signature of School Employee: \_\_\_\_\_ Date: \_\_\_\_\_

### ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (circle one) or other \_\_\_\_ cumulative behavioral referral(s). I have taken the following action (s):

- |  |   |   |
|--|---|---|
| 000 <input type="checkbox"/> No Action— only use if no reportable action was taken | 160 <input type="checkbox"/> Loss of Privileges   | 020 <input type="checkbox"/> TOR (Time Out Room)                          |
| 012 <input type="checkbox"/> Referred to Counselor                                 | 014 <input type="checkbox"/> Referred to SBLC   | 040 <input type="checkbox"/> In School Detention from _____ to _____      |
| 043 <input type="checkbox"/> After School Detention from _____ to _____            | 045 <input type="checkbox"/> Weekend Detention from _____ to _____                                | 002 <input type="checkbox"/> Suspension Out Of School from _____ to _____ |
| 004 <input type="checkbox"/> Suspension In School from _____ to _____              | 006 <input type="checkbox"/> Suspension Alternative Site from _____ to _____                      | 001 <input type="checkbox"/> <b>Expulsion Recommendation</b>              |
| 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N)            | 016 <input type="checkbox"/> Court Referral Date _____  | 013 <input type="checkbox"/> Referral to Social Worker                    |
| 080 <input type="checkbox"/> Assigned Remedial Work                                | 999 <input type="checkbox"/> Other Action (s): _____  | 030 <input type="checkbox"/> Restorative Practices Implemented            |
| 140 <input type="checkbox"/> Student Reprimand                                     | 120 <input type="checkbox"/> Student Conference Date: _____                                       | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 175 <input type="checkbox"/> Conference w/ Principal on: _____                     | 180 <input type="checkbox"/> Corporal Punishment (if checked—complete "Corporal Punishment" Form) |   |

Y N Contact Parent/Guardian Date: \_\_\_\_\_ Time: \_\_\_\_\_  Phone Call  Letter  Conference Date: \_\_\_\_\_ Time: \_\_\_\_\_

SIS Primary Infraction/Reason Code Entered: \_\_\_\_\_ Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN:

Signature of Student: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Current Date: \_\_\_\_\_

Check appropriate blocks as copies of the document are supplied:  Parent/Guardian  School's Pupil File  Employee Filing this Report  Principal

**\*NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal. .**

**\*\*Attachments:** Provide a copy of the classroom minor tracking form, behavior intervention plan and data, or other applicable intervention information.