

**B. T. Washington High School Classroom Behavior Tracking Form**

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

1<sup>st</sup> Offense Date: \_\_\_\_\_ Time: \_\_\_\_\_ Period: \_\_\_\_\_

INCIDENT TYPE (Type an X before the incident)			
<input type="checkbox"/> Tardy	<input type="checkbox"/> Abusive/Inappropriate Language	<input type="checkbox"/> Out of Assigned Area	
<input type="checkbox"/> Dress Code	<input type="checkbox"/> Defiance/Disrespect/Noncompliance	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Disruption	<input type="checkbox"/> Misuse of School Property/Vandalism		
<input type="checkbox"/> Lying/Cheating	<input type="checkbox"/> Inappropriate Physical Contact		
INTERVENTION (Type an X before the intervention used)			
<input type="checkbox"/> Verbal Warning			
<input type="checkbox"/> Re-teach Expectation/Rule			

2<sup>nd</sup> Offense Date: \_\_\_\_\_ Time: \_\_\_\_\_ Period: \_\_\_\_\_  
(same behavior)

INTERVENTION (Type an X before the intervention used)	POSSIBLE MOTIVATION (type an X before)	OTHERS INVOLVED (type an X before)
<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> None
<input type="checkbox"/> Re-teach Expectation/Rule	<input type="checkbox"/> Avoid Peer(s)	<input type="checkbox"/> Peers
<input type="checkbox"/> Seating Change	<input type="checkbox"/> Avoid Task/Activities	<input type="checkbox"/> Staff
<input type="checkbox"/> Student Conference	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Teacher
<input type="checkbox"/> Loss of Privilege	<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Substitute
<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Unknown
<input type="checkbox"/> Reward Alternate Behavior	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

3<sup>rd</sup> Offense Date: \_\_\_\_\_ Time: \_\_\_\_\_ Period: \_\_\_\_\_  
(same behavior)

INTERVENTION (x one)	POSSIBLE MOTIVATION (x one)	OTHERS INVOLVED (x one)
<input type="checkbox"/> PARENT CONTACT INTERVENTION MUST BE APPLIED HERE. Briefly describe contact (email/phone/conference): _____ _____ _____ _____ _____	<input type="checkbox"/> Avoid Adult	<input type="checkbox"/> None
	<input type="checkbox"/> Avoid Peer(s)	<input type="checkbox"/> Peers
	<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Staff
	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Teacher
	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> Substitute
	<input type="checkbox"/> Obtain Items/Activities	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

4<sup>th</sup> Offense Date: \_\_\_\_\_ Time: \_\_\_\_\_ Period: \_\_\_\_\_  
(same behavior)

Write Office Discipline Referral (ODR) and attach this Behavior Tracking Form to the ODR. This original form will be returned to you after your ODR has been processed.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Processed by (For Dean Use Only)