

B. T. Washington High School Classroom Behavior Tracking Form

Student: _____ Teacher: _____

1st 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

2nd 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: _____	

3rd 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: _____	

4th 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) _____