**Name of Youth:** **Date of Infraction:**  ­

(First Name, Last Name)

**Type of student: Day Resident:** *(cottage name)***Grade:**

**Name of Staff Completing Form (Name of Witness):**

**Homeroom Teacher:**

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| **Time Event Occurred:** | **Time Student Returned to Class:** | **Time in Crisis Room:** |
|  | *(if applicable)* | *(if applicable)* |

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| **Location: Where did behavior occur?** | | | | |  | **Who else was involved?** *Check all that apply.* | | | | | |
| *Check one box.* | |  | *Check one box.* | |  |  | Other students | |  |  | |
|  | High School |  | | Classroom |  |  | Staff | |  |  | |
|  | Middle School |  | | Transition |  |  | No one else | |  |  | |
|  | Elementary School |  | | Stairway |  |  |  | |  |  | |
|  | Special Areas |  | | Hallway |  | **Why do you think student behaved as he did? (Motivation)** | | | | | |
|  | Outer Area-cottages |  | | Bathroom |  | *Check all that apply. If ‘other’ is check, provide the reason.* | | | | | |
|  | Other |  | | Class Trip |  |  | Other student attention |  | | | Avoidance of staff |
|  |  |  | | Escorting student |  |  | Adult attention |  | | | Avoidance of task |
|  |  |  | | Other |  |  | Avoidance of other students |  | | | Unknown |
|  |  |  | |  |  |  | Other | | | | |

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| **Behavior – What behaviors were exhibited?** *Check all that apply.* | | | | | | |
|  | Insubordination – does not follow reasonable directions (B14) |  | Extreme disruption/interruption of class (B7) |  | Possession/sale/use of drugs (B11) |
|  | Abusive language/profanity (B1) |  | Tardy (B5) |  | Possession/sale/use of alcohol (B10) |
|  | Harassment/bullying (B3)🟋  *(see back of page)* [DASA] |  | Use of an object as a weapon or use of a weapon (B15) |  | Possession/sale/use of tobacco (B12) |
|  | Skipping (B4) |  | Theft (B6) |  | Use internet for sexually inappropriate material (B13) |
|  | Physical contact/aggression (B16) |  | Destruction of property/ vandalism (B8) |  | Other (B17) *(specify)* |
|  | Fighting (B2) |  | Possession of a weapon (B9) |  |

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| **What happened before the event that might have been a trigger?** Describe what happened before the event that might have provoked the student… such as student being teased, failing a test, having a home visit cancelled, not being able to leave class for bathroom or water, difficult subject matter, etc.) *Use the back of the form if more room is needed or an additional piece of paper.* |
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| **What did you do (What actions did you take)?** *Use the back of the form if more room is needed or an additional piece of paper.* |
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🟋**Harassment/Bullying – If Harassment/bullying are checked above, the witness needs to identify the type of harassment/bullying on the back of this page. [DASA: Dignity for All Students Act.]**

**Administrators – Please complete the OUTCOME SECTION of the form located on the back of this page.**

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| **Harassment/Bullying - The Witness Needs to Complete this Section.**  **If Harassment/bullying are checked above in the section entitled BEHAVIOR, please identify the type of harassment/bullying.** *Check all that apply.*  **[Dignity for All Students Act – DASA]** | | | | | |
|  | Race |  | Disability |  | Religion |
|  | Color |  | Sexual orientation |  | Religious Practice |
|  | National Origin |  | Ethnicity |  | Physical characteristics (weight, gender, sex, age) |
|  | Other (e.g.: family, intelligence, etc.)  *(specify)* |  |  |  |  |
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“Bullying” is intentional and aggressive behavior that involves an imbalance of power or strength and is usually repeated over time. Bullying may present itself in many forms including physical, verbal or psychological. Cyber bullying is included (the repeated use of electronic devices and/or technology to deliberately harass, threaten or intimidate others).

“Harassment” refers to the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student’s educational performance, opportunities or benefits, or mental, emotional or physical well-being.

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| **If more room is needed to describe events leading up to incident, enter the information here** *(continued from other side of page)***.** |
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| **If more room is needed to describe actions YOU took, enter the information here** *(continued from other side of page)***.** |
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**ADMINISTRATION SECTION**

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| **Outcome (for SWIS)** – What happened after the event - Include student behaviors and interventions? | | | | | | | |
|  | Student requests time away (O1) |  | Contact with parent/cottage (O3) | | |  | ISS (O6) |
|  | Student removed to crisis room/time out (O2) |  | Conference with student (O4) | | |  | OSS (O1) |
|  | Individual instruction (O5) |  | Other | | |  |  |
| **Remedial Measures Instituted as a Result of the Incident (Code of Conduct)** *Check all that apply.* | | | | | | | |
|  | Peer support groups. | | |  | Supervisory systems that provide staff with prevention and intervention tools to address incidents of bullying, harassment or discrimination. | | |
|  | Corrective instruction or other relevant learning or service experience. | | |  | School and community surveys or other strategies for determining the conditions contributing to the relevant behavior. | | |
|  | Supportive intervention. | | |  | Use of research based, systemic harassment prevention programs. | | |
|  | Behavioral assessment or evaluation. | | |  | Modification of classroom environment, schedules and/or adjustment of corridor traffic and other student routes of movement. | | |
|  | Behavioral management plans with benchmarks that are closely monitored. | | |  | Targeted use of staff professional development. | | |
|  | Student counseling and parent/ parent representative conference(s). | | |  | Involvement of parent-teacher organizations. | | |
|  | Parent/Parent Representatives Contacted | | |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |