



Newman Elementary School Classroom Incident Log

Student: _____ Staff Member: _____ Grade: _____

1 st Incident		Date:	Time:
Location	Behavior Expectation Not Met	Staff Interventions Administered	
<input type="checkbox"/> Classroom _____ <input type="checkbox"/> Playground _____ <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms _____ <input type="checkbox"/> Cafeteria/Lunch Area <input type="checkbox"/> _____ Student Signature: _____	<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Safe Description: _____	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Retaught/practiced the behavior skill <input type="checkbox"/> Identified environmental factors <input type="checkbox"/> Connected to a 2 nd Step Lesson <input type="checkbox"/> Established a behavioral cue/prompt <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Areas of Concern or Citation assigned <input type="checkbox"/> _____ Contacted parent: __/__/__ <input type="checkbox"/> In Person <input type="checkbox"/> Other <input type="checkbox"/> Phone call <input type="checkbox"/> Copy sent home <input type="checkbox"/> Email	
2 nd Incident		Date:	Time:
Location	Behavior Expectation Not Met	Staff Interventions Administered	
<input type="checkbox"/> Classroom _____ <input type="checkbox"/> Playground _____ <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms _____ <input type="checkbox"/> Cafeteria/Lunch Area <input type="checkbox"/> _____ Student Signature: _____	<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Safe Description: _____	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Retaught/practiced the behavior skill <input type="checkbox"/> Identified environmental factors <input type="checkbox"/> Connected to a 2 nd Step Lesson <input type="checkbox"/> Established a behavioral cue/prompt <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Areas of Concern or Citation assigned <input type="checkbox"/> _____ Contacted parent: __/__/__ <input type="checkbox"/> In Person <input type="checkbox"/> Other <input type="checkbox"/> Phone call <input type="checkbox"/> Copy sent home <input type="checkbox"/> Email	
3 rd Incident		Date:	Time:
Location	Behavior Expectation Not Met	Staff Interventions Administered	
<input type="checkbox"/> Classroom _____ <input type="checkbox"/> Playground _____ <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms _____ <input type="checkbox"/> Cafeteria/Lunch Area <input type="checkbox"/> _____ Student Signature: _____	<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Safe Description: _____	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Retaught/practiced the behavior skill <input type="checkbox"/> Identified environmental factors <input type="checkbox"/> Connected to a 2 nd Step Lesson <input type="checkbox"/> Established a behavioral cue/prompt <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Areas of Concern or Citation assigned <input type="checkbox"/> _____ Contacted parent: __/__/__ <input type="checkbox"/> In Person <input type="checkbox"/> Other <input type="checkbox"/> Phone call <input type="checkbox"/> Copy sent home <input type="checkbox"/> Email	
4 th Incident		Date:	Time:
Location	Behavior Expectation Not Met	Staff Interventions Administered	
<input type="checkbox"/> Classroom _____ <input type="checkbox"/> Playground _____ <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms _____ <input type="checkbox"/> Cafeteria/Lunch Area <input type="checkbox"/> _____ Student Signature: _____	<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Safe Description: _____	<input type="checkbox"/> Attach to Completed ODR	

Parent contact within 24 hours of each incident (1,2,and 3). Office will contact on 4th incident