

STAFF FILL OUT

***** Attach Behavior Tracking Form *****

Date: _____ Time _____

Staff Name: _____

Student Name: _____ Grade: K 1 2 3 4 5 6 7 8

Location: Art Room Bathroom Bus/van Classroom Gym Hallway Locker Room

Music Room Lunch Off Campus Office Parking Lot Playground/Recess

Special Event/Assembly/Field Trip

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Defiance	<input type="checkbox"/> Abusive Language	<input type="checkbox"/> Avoid Adult
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Bullying	<input type="checkbox"/> Avoid Peer
<input type="checkbox"/> Disruption	<input type="checkbox"/> Non-Compliance	<input type="checkbox"/> Avoid Tasks/Activities
<input type="checkbox"/> Dress Code Violation	<input type="checkbox"/> Fighting	<input type="checkbox"/> Obtain Adult Attention
<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Forgery	<input type="checkbox"/> Obtain items/Activities
<input type="checkbox"/> Physical Contact	<input type="checkbox"/> Lying/Cheating	<input type="checkbox"/> Obtain Peer Attention
<input type="checkbox"/> Tardy	<input type="checkbox"/> Physical Aggression	
<input type="checkbox"/> Technology Violation	<input type="checkbox"/> Property Damage/Vandalism	
	<input type="checkbox"/> Skip Class	
	<input type="checkbox"/> Possession of banned or illegal items	

Additional individuals involved: None Peers Staff Teacher Substitute Unknown

SCHOOL ADMINISTRATOR FILL OUT

<input type="checkbox"/> Action Pending	<input type="checkbox"/> Individualized Instruction
<input type="checkbox"/> Additional Attendance	<input type="checkbox"/> Loss of Privilege
<input type="checkbox"/> Alternative Placement	<input type="checkbox"/> Other Action Taken
<input type="checkbox"/> Community Service	<input type="checkbox"/> Out of school suspension (____ days)
<input type="checkbox"/> Conference with Student	<input type="checkbox"/> Parent Contact
<input type="checkbox"/> Expulsion	<input type="checkbox"/> Restitution Community Service
<input type="checkbox"/> Fieldtrip suspension	<input type="checkbox"/> Time in Office
<input type="checkbox"/> In-school suspension (____ hours/ days)	<input type="checkbox"/> Time Out/Detention

Other comments: _____

Flagstaff Junior Academy Office Discipline Referral

PARENT FILL OUT

Parent Signature: _____

Date: _____

Explanation of ODR Process

Have you:

- Followed the Behavior Flow Chart?
- If according to the Behavior Flow Chart the student has earned an ODR, teacher will complete the ODR completely and legibly.
- Attach copy of Behavior Tracking Form to ODR.
- Call the office to request an adult to come to classroom and retrieve student and ODR paperwork. Adult from office should make a copy of Behavior Tracking Form and return original to staff.
- Administrator follows the steps on the Behavior Flowcart.