



Kingswood Regional High School Behavioral Observation Form

Name: _____ Grade: _____ Date: _____ Time of Offense: _____

Location

- | | | |
|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Classroom/LMC | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Hallways | <input type="checkbox"/> Campus | <input type="checkbox"/> Event |
| | <input type="checkbox"/> Cafeteria | |

Classroom Managed

- Language
- Physical Contact
- Defiance/Disrespect
- Disruption
- Property Misuse
- Food/Drink
- Unprepared/Tardy
- Cheating
- Dress Code

Office Managed

- Abusive language
- Alcohol
- Arson
- Bomb Threat
- Combustibles
- Cut Class/Tardies
- Tobacco
- Vandalism
- Weapons

Office Managed

- Fighting/Assault
- Harassment/Taunt/Tease
- Sexual Harassment
- Drugs
- Theft
- Defiance/Disrespect
- Forgery

Possible Motivation

- | | | |
|--|--|---|
| <input type="checkbox"/> Avoid Adult | <input type="checkbox"/> Don't Know | <input type="checkbox"/> For Peer Attention |
| <input type="checkbox"/> Avoid Peer | <input type="checkbox"/> For Adult Attention | <input type="checkbox"/> Other |
| <input type="checkbox"/> Avoid Task/Activity | <input type="checkbox"/> Obtain Items/Activities | _____ |

Others Involved

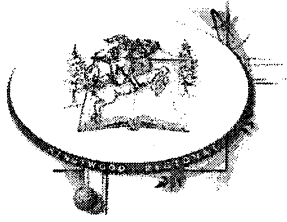
- | | | | |
|--------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Staff | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Teacher | <input type="checkbox"/> Unknown | _____ |

Completed By: _____

Office Referral Yes No

Additional Comments May be Attached

<u>For Office Use Only</u>		Date: _____
1. What rule(s) did you break?	<input type="checkbox"/> Act Respectfully	<input type="checkbox"/> Take Responsibility
	<input type="checkbox"/> Improve Community	
2. What did you want?	<input type="checkbox"/> Attention from others	<input type="checkbox"/> Wanted revenge
	<input type="checkbox"/> To challenge adult(s)	<input type="checkbox"/> Avoid doing work
	<input type="checkbox"/> Control over the situation	<input type="checkbox"/> To be sent home
		<input type="checkbox"/> To cause problems because I feel miserable
		<input type="checkbox"/> To cause others problems because they don't like me
3. Did you get what you wanted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What will you do differently?	I will _____ by _____	
5. Student Signature: _____	Administration: _____	
<u>Administrative Action</u>		
<input type="checkbox"/> Time in office	<input type="checkbox"/> Parent Call	<input type="checkbox"/> Out of school suspension
<input type="checkbox"/> Loss of Privilege	<input type="checkbox"/> Parent Letter	<input type="checkbox"/> Saturday school
<input type="checkbox"/> Student Conference	<input type="checkbox"/> Instruction/Mediation	<input type="checkbox"/> Expulsion
<input type="checkbox"/> Admin. Detention	<input type="checkbox"/> In school suspension	<input type="checkbox"/> Other
		Date to Serve: _____
Comments: _____		



Kingswood High School

PBIS Universal Team

Office vs. Classroom Referral Clarification

Classroom Management (complete referral form)	Office Referral (complete referral form)
Minor Language Minor Physical Contact Disruption Property Misuse Minor Non-Compliance (saying No) Food/Drink Unprepared/Tardy Cheating Lying Teasing Minor Theft (steals pencil) Dress Code Minor Unsafe behavior (running)	Unsafe Physical Action Theft/Misuse of Property Argumentative Non-Compliant Aggressive Disrespect Harassment/Bullying/Threatening Abusive Language Fighting/Physical Aggression Weapon Drugs Tobacco Arson Bomb Threat