

Cutler Elementary's School Office Discipline Data Form

Student: \_\_\_\_\_ Referring Staff: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Location:**

- |                                       |                                      |   |  |
|---------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Classroom    | <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Bus loading zone | <input type="checkbox"/> Playground    |
| <input type="checkbox"/> Bathroom     | <input type="checkbox"/> Parking lot | <input type="checkbox"/> Common areas     | <input type="checkbox"/> Gym           |
| <input type="checkbox"/> On bus       | <input type="checkbox"/> Library     | <input type="checkbox"/> Hallway          | <input type="checkbox"/> Special event |
| <input type="checkbox"/> Other: _____ |                                      |   |  |

**Problem Behavior:**

**MINORS:**

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Inappropriate verbal language      | <input type="checkbox"/> Light physical contact | <input type="checkbox"/> Misuse of property | <input type="checkbox"/> Disruptions |
| <input type="checkbox"/> Defiance/disrespect/non compliance |   |   |                                      |

**MAJORS:**

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Harassment/teasing                | <input type="checkbox"/> Lying/cheating     | <input type="checkbox"/> Forgery/theft | <input type="checkbox"/> Bomb threat |
| <input type="checkbox"/> Abusive language                  | <input type="checkbox"/> Skip class/truancy | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Arson       |
| <input type="checkbox"/> Fighting/physical aggression      | <input type="checkbox"/> Vandalism          | <input type="checkbox"/> Weapons       | <input type="checkbox"/> Tobacco     |
| <input type="checkbox"/> Defiance/disrespect/non-compliant |   | <input type="checkbox"/> Combustibles  | <input type="checkbox"/> Dress code  |
| <input type="checkbox"/> Disruption                        | <input type="checkbox"/> Tardy              |  |                                      |
| <input type="checkbox"/> Property damage                   | <input type="checkbox"/> Other: _____       |  |                                      |

**Possible Motivation:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Obtain peer attention   | <input type="checkbox"/> Avoid tasks/activities | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Obtain adult attention  | <input type="checkbox"/> Avoid peer (s)         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Obtain items/activities | <input type="checkbox"/> Avoid adult (s)        |                                       |

**Others Involved:**

- None     Peers     Staff     Teacher     Substitute     Unknown     Other

**Administrative Decision:**

- |   |   |   |                                 |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Detention                  | <input type="checkbox"/> In school suspension | <input type="checkbox"/> Loss of privilege        | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Individualized instruction | <input type="checkbox"/> Time in office       | <input type="checkbox"/> Out of School suspension |                                 |
| <input type="checkbox"/> Conference with student    | <input type="checkbox"/> Other: _____         |   |                                 |

**Explanation of detention: (i.e. am, pm, noon or after school detention)** \_\_\_\_\_

**Was parent contacted? (Yes or no)** \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

