

THE PATHWAYS SCHOOLS STUDENT BEHAVIOR REPORT

(File only in Student Record and send to Administrative Office)

Student name _____ Site _____ Date of birth _____

Date of incident _____ Time of incident _____ ☐AM ☐PM

Location of incident _____

Names of staff involved _____

Students involved (**initials only**) _____

Names of other witnesses _____

List any precipitating factors—events that led up to the incident: ☐ *check box if additional information is attached*

Describe the incident chronologically, including interventions to resolve the incident:

☐ *check box if additional information is attached*

Behaviors involved: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Drug/alcohol Possession | <input type="checkbox"/> Threat of Student | <input type="checkbox"/> Disrespect/Insubordination |
| <input type="checkbox"/> Drug/alcohol Use | <input type="checkbox"/> Fighting | <input type="checkbox"/> Disruptive Behavior |
| <input type="checkbox"/> Drug/alcohol Distribution | <input type="checkbox"/> Bullying/Harassment/
Intimidation | <input type="checkbox"/> Participating in/Provoking Disruption |
| <input type="checkbox"/> Tobacco Possession | <input type="checkbox"/> Extortion | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Weapon/Explosives | <input type="checkbox"/> False Alarm/Bomb Threat | <input type="checkbox"/> Vandalism/Property Destruction |
| <input type="checkbox"/> Physical Attack of Staff/Adult | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Physical Attack of Student | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Refusal to Obey School Policies |
| <input type="checkbox"/> Serious Bodily Injury | <input type="checkbox"/> Sexual Activity | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Threat of Staff/Adult | | |

Interventions/Outcomes: (check all that apply)

(Complete Accident
Report)

- ☐ Injuries involved – briefly describe
- ☐ Property damage – briefly describe
- ☐ Investigation/Student Interviews
- ☐ Search of student/student's property
- ☐ Police involvement – Officer name/badge#/Case# _____
- ☐ Medical treatment on-site by Pathways staff member (complete Accident Report)
- ☐ Ambulance/emergency medical personnel treatment
- ☐ Hospitalization – Name of hospital _____
- ☐ Other resource involvement (DSS, probation officer, case manager) – specify agency and name of contact: _____

- ☐ Resource Room/Alternative Learning Environment
- ☐ Physical intervention (complete Physical Intervention Form)
- ☐ Physical restraint (complete Physical Restraint Form)
- ☐ In-School Suspension (complete Suspension Notice)
- ☐ Out-of-School Suspension (complete Suspension Notice)
- ☐ Is a new or review of an existing FBA and BIP recommended? ☐yes ☐no
- ☐ Will a Manifestation Hearing be scheduled? ☐yes ☐no
- ☐ Other Interventions/Outcomes – briefly describe

NOTIFICATIONS

- ☐ Was the LSS notified? ☐ yes ☐ no Name of LSS contacted _____
☐ Fax ☐ Phone ☐ Email Date/Time: _____ By whom: _____
- ☐ Was the student's parent/guardian notified? ☐ yes ☐ no
Name(s) of parent(s)/guardian(s) notified: _____
☐ Phone Date/Time: _____ By whom: _____
☐ Email Date/Time: _____ By whom: _____

ADDITIONAL DOCUMENTATION COMPLETED:

- ☐ Additional reports describing incident (attached)
- ☐ Physical intervention form
- ☐ Physical restraint form
- ☐ Suicide Prevention/Intervention form
- ☐ Suspension notice
- ☐ Accident report
- ☐ Other, specify

Name/Title of reporter _____ Date of report _____

Date report submitted to site administrator _____

Name/Title of administrator _____ Date reviewed _____

School Information _____