

# 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/<br>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 \_\_\_\_\_