

North Miami Middle School
Classroom Infraction Report (2013-2014)

Please use this form to document a recurring classroom behavior incident of a student. A copy of this report must accompany the administrative referral unless the incident is an office-managed incident (Profanity towards teachers and/or staff, Fighting, and/or Bullying/Harassment). Thank you.

Student	Teacher	Grade	Gender
INCIDENT TYPE (Check One):			
<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Lying/cheating <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Physical contact	<input type="checkbox"/> Disruption <input type="checkbox"/> Property damage <input type="checkbox"/> Harassment/tease/bully <input type="checkbox"/> Dress code	<input type="checkbox"/> Tardy <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Other: _____	

1st Step Date _____ Time _____ Other: _____

INTERVENTION (Check One):	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Phone parent _____ <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Don't Know <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

2nd Step Date _____ Time _____ Other: _____

INTERVENTION (Check One):	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Phone parent _____ <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Don't Know <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

3rd Step Date _____ Time _____ Other: _____

INTERVENTION (Check One):	POSSIBLE MOTIVATION (Check One):	OTHERS INVOLVED (Check One):
<input type="checkbox"/> Student conference <input type="checkbox"/> Student contract <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Phone parent _____ <input type="checkbox"/> Seating change <input type="checkbox"/> Loss of item/class privilege <input type="checkbox"/> Peer mediation <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recovery in room <input type="checkbox"/> Extra time spent on task <input type="checkbox"/> Time out <input type="checkbox"/> Loss of recess <input type="checkbox"/> Curricular modification <input type="checkbox"/> Other: _____	<input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid Peer(s) <input type="checkbox"/> Avoid Task/Activities <input type="checkbox"/> Don't Know <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Other: _____	<input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____