

Office Behavior Communication Notice

First Name: _____ Last Name: _____ Grade: _____

Classroom Teacher: _____ Referring Staff: _____ Date: _____ Time: _____

Referred as a result of: ☐ 3 Classroom Behaviors or ☐ 1 Major Behavior

| Major Behavior Problem | Location | Possible Motivation | Consequence (office use only) |
|--|--|---|---|
| <input type="checkbox"/> Abusive/Inappropriate Language <input type="checkbox"/> Chronic Tardiness <input type="checkbox"/> Disrespect/Defiance/Noncompliance <input type="checkbox"/> Dishonesty/Cheating <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Fighting/Physical Aggression <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Technology Misuse <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom (LMC, Art, Music, PE, AE) <input type="checkbox"/> Restroom <input type="checkbox"/> Bus <input type="checkbox"/> Field Trip <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain item/activity <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Conference with student <input type="checkbox"/> Loss of privilege: _____ <input type="checkbox"/> Individualized instruction <input type="checkbox"/> Time in office <input type="checkbox"/> Detention <input type="checkbox"/> In-school suspension # of days _____ <input type="checkbox"/> Out-of-school suspension # of days _____ <input type="checkbox"/> Other: _____ _____ _____ _____ |
| Description of behavior/incident: | | | |

Please complete at home with your child.

- 1. I chose to:**

- ☐ Not follow directions ☐ Say unkind words ☐ Other _____
☐ Interrupt the teacher ☐ Stay out of my seat _____
☐ Put my hands/feet on another person ☐ Be unsafe _____
☐ Not do my work

2. **I felt:** _____ **The other person may have felt:** _____
- _____
- _____

- ### 3. What can I do to make it better?

- ☐ Tell someone I am sorry
- ☐ Review the rules with my teacher
- ☐ Do my work at lunch or at home
- ☐ Other _____

- 4. Which action or strategy would help me make a better choice next time?**

- ☐ Take 3 deep breaths ☐ Walk away ☐ Other: _____
☐ Ask for a break ☐ Raise my hand _____
☐ Play with a different friend ☐ Ask for help from an adult _____
☐ Look at the teacher while I listen _____

Student Signature_____

Parent Signature_____

White: Office

Yellow: Home

Pink: Teacher