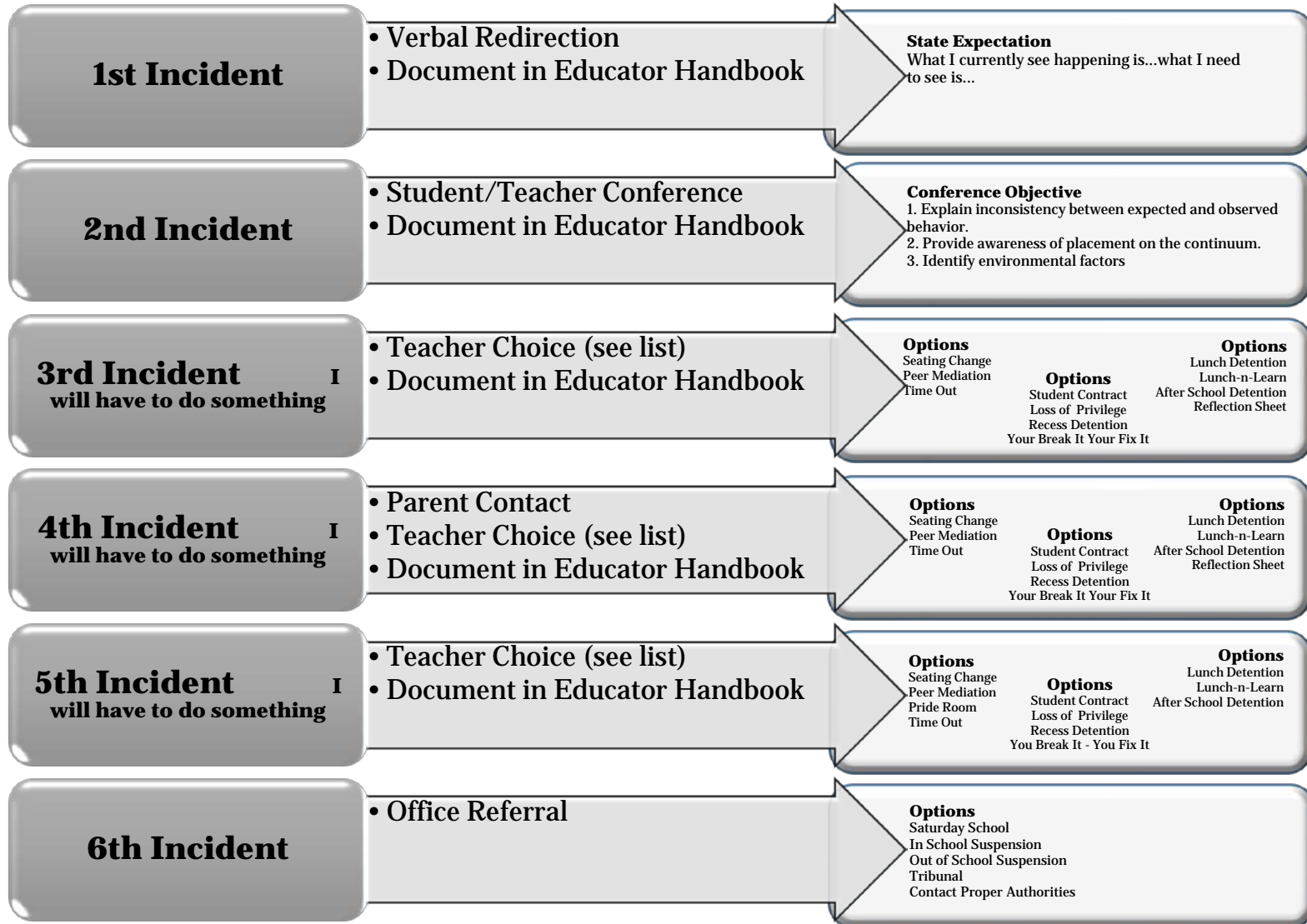


**J. R. TRIPPE MIDDLE SCHOOL
BEHAVIOR FLOWCHART/INTERVENTION GUIDE**



**Each teacher will progress through the flow chart in his/her own classroom

Classroom Infraction Report

Parent/Guardian,

We respectfully request your support to resolve the problem behavior mentioned below. This form is used to document a recurring classroom behavior incident. The student has been given a warning and re-taught the expectation and specific rule concerning the infraction prior to recording on this form. **This is not a referral. However, continuation of this behavior may result in an office discipline referral.**

Student	Teacher	Grade	Gender
INCIDENT TYPE (Check One)			
<input type="checkbox"/> Tardy 30 <input type="checkbox"/> Dress Code 31 <input type="checkbox"/> Student Incivility 33 <input type="checkbox"/> Unapproved Item 34 Electronic/Cell/Internet	<input type="checkbox"/> Physical Contact 41 <input type="checkbox"/> Classroom/School Disturbance 44 <input type="checkbox"/> Public Display of Affection 46 <input type="checkbox"/> Restricted Area 47	<input type="checkbox"/> Food/Drinks/Gum 48 <input type="checkbox"/> Lunchroom Conduct 50 <input type="checkbox"/> Refusal to Report 51 <input type="checkbox"/> Verbally Abusing Student 55	

2nd Incident	Code: _____ Date _____	Time _____
INTERVENTION (Check One)		
<input type="checkbox"/> Student Conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Pride Room	<input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Loss of class privilege <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recess Detention	<input type="checkbox"/> Lunch Detention <input type="checkbox"/> Lunch-n-Learn <input type="checkbox"/> After School Detention <input type="checkbox"/> Reflection Sheet <input type="checkbox"/> Other _____

3rd Incident	Code: _____ Date _____	Time _____
INTERVENTION (Check One)		
<input type="checkbox"/> Student Conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation <input type="checkbox"/> Pride Room	<input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Loss of class privilege <input type="checkbox"/> Verbal cue <input type="checkbox"/> Recess Detention	<input type="checkbox"/> Lunch Detention <input type="checkbox"/> Lunch-n-Learn <input type="checkbox"/> After School Detention <input type="checkbox"/> Reflection Sheet <input type="checkbox"/> Other _____

4th Incident	Code: _____ Date _____	Time _____
INTERVENTION (Check One)		
<input type="checkbox"/> Parent Contact <input type="checkbox"/> Student Conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation	<input type="checkbox"/> Pride Room <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Loss of class privilege <input type="checkbox"/> Verbal cue	<input type="checkbox"/> Recess Detention <input type="checkbox"/> Lunch Detention <input type="checkbox"/> Lunch-n-Learn <input type="checkbox"/> After School Detention <input type="checkbox"/> Reflection Sheet

5th Incident	Code: _____ Date _____	Time _____
INTERVENTION (Check One)		
<input type="checkbox"/> Parent Contact <input type="checkbox"/> Student Conference <input type="checkbox"/> Re-teach expectation <input type="checkbox"/> Seating change <input type="checkbox"/> Peer mediation	<input type="checkbox"/> Pride Room <input type="checkbox"/> Time out <input type="checkbox"/> Student contract <input type="checkbox"/> Loss of class privilege <input type="checkbox"/> Verbal cue	<input type="checkbox"/> Recess Detention <input type="checkbox"/> Lunch Detention <input type="checkbox"/> Lunch-n-Learn <input type="checkbox"/> After School Detention <input type="checkbox"/> Reflection Sheet

6th Incident	Code: _____ Date _____	Time _____
INTERVENTION (Check One)		
<input type="checkbox"/> Office Referral		

