

Yadkinville Elementary School

Minor Incident Report

Teachers are to use this form to document repeated classroom managed behaviors.

Name of Student: _____ Time: _____ Date: _____
 Referring Staff: _____ Grade: PK K 1 2 3 4 5 6

Location

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Enhancement	<input type="checkbox"/> Playground	<input type="checkbox"/> Bus
------------------------------------	----------------------------------	------------------------------------	-----------------------------------	--------------------------------------	-------------------------------------	------------------------------

Check at least one in each column

Antecedent	Repeated Problem Behavior	Possible Motivation	Intervention
<input type="checkbox"/> Transition <input type="checkbox"/> Teacher directive <input type="checkbox"/> Told 'no' <input type="checkbox"/> Given a warning <input type="checkbox"/> New activity <input type="checkbox"/> Study hall <input type="checkbox"/> Alone <input type="checkbox"/> Working with peers <input type="checkbox"/> Recess <input type="checkbox"/> Other _____	<input type="checkbox"/> Language <input type="checkbox"/> Noncompliance <input type="checkbox"/> Touching (pushing, pinching) <input type="checkbox"/> Inappropriate comments/talking back to teacher (Attitude/Tone) <input type="checkbox"/> Toys/Electronic Devices <input type="checkbox"/> Gestures (rolling eyes, shrugging shoulders, etc.) <input type="checkbox"/> Leaving class without permission <input type="checkbox"/> Minor dishonesty (lying) <input type="checkbox"/> Vandalism (minor) (writing on desk) <input type="checkbox"/> Misuse of equipment <input type="checkbox"/> Bullying <input type="checkbox"/> Cheating <input type="checkbox"/> Dress code violation <input type="checkbox"/> Other _____	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid work <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Unclear/don't know <input type="checkbox"/> Other _____	<input type="checkbox"/> Time out in classroom <input type="checkbox"/> Time out in alternate classroom <input type="checkbox"/> Loss of privileges _____ <input type="checkbox"/> Conference with student <input type="checkbox"/> Classroom management _____ <input type="checkbox"/> Letter of Apology <input type="checkbox"/> Proximity/ Move Seat <input type="checkbox"/> Positive Practice <input type="checkbox"/> Confiscation of Item <input type="checkbox"/> Verbal Reminder/Warning <input type="checkbox"/> Behavior Contract/Chart <input type="checkbox"/> Parent Contact <input type="checkbox"/> Silent Lunch <input type="checkbox"/> Other _____

Explanation (if needed) _____

Student Signature _____

Date _____

Parent/Guardian Contact (must be made if 2nd or 3rd MIR in one grading period)

Date: _____ Time: _____ Phone Number: _____

Name of Parent/Guardian contacted: _____

Notes on parent/guardian communication: