

LOUISIANA DEPARTMENT OF EDUCATION SCHOOL BEHAVIOR REPORT

FORM "B"

In accordance with R. S. 17:416(A) the purpose of this report is to inform parents/guardians of a behavior incident on the school campus, in the classroom, cafeteria, gymnasium, auditorium, elsewhere at the school or during school-related activities, and of subsequent disciplinary action taken by school officials. Because this or other incidents may jeopardize the safety, well-being or education of other students, parents are urged to discuss the incident and possible implications with the student to prevent further occurrences.

Name of Student _____ Phone _____ Grade/Section _____
 Name of Teacher/Staff _____ Room #/Location _____
 Name of Principal _____ School _____
 Check One: Regular Education 504 Special Education Date of Incident _____ Time _____ Location _____

Time Code: _____ 01 Before School on Grounds, 02 During Class, 03 Between Classes, 04 After Normal School Hours & Supervised, 05 To / From School, 06 At Bus Stop or Transfer Station, 07 During School Extracurricular / Assembly Event, 08 Recess, Club, Free Time, 09 Homeroom, 10 Breakfast /Lunch, 99 Outside of School Hours or Supervision
 Location Code: _____ 01 Classroom, 02 Restroom, 03 Lunchroom, 04 Hallway, 05 Playground, 07 Bus Stop, 08 Parking Lot, 09 Locker Room, 10 Cell Phone, 11 Internet, 12 To or From School, 13 School Sponsored Event, 14 Home, 98 Offsite Program, 99 Other _____
 Motivation Code: _____ 1 Avoid Adult, 2 Avoid Peers, 3 Avoid Task / Activity, 4 Obtain Adult Attention, 5 Obtain Items / Activities, 6 Obtain Peer Attention, 7 Other _____, 8 Don't Know
 Related Influences: (Check all that apply) Drugs, Alcohol, Gang, Bias (Bias Motivation Codes: 01 Appearance, 02 Gender, 03 Religion, 04 Disability, 05 Race / Ethnicity, Don't Know _____, 06 Sexual Orientation, 07 Home Circumstances, 08 Medical Condition, 09 Poverty, 99 Other _____)
 Circle Yes or No **Perpetrator:** Serious Bodily Injury Y N Medical Treatment Y N **Victim:** Serious Bodily Injury Y N Medical Treatment Y N

Primary Incident / Reason Codes. Check all that apply.

- | | | |
|--|---|---|
| 07. <input type="checkbox"/> Uses or possesses any controlled dangerous substances governed by the Uniform Controlled Dangerous Substances Law, in any form
13. <input type="checkbox"/> Possesses weapon (s) as defined in Section 921 of Title 18 of the U.S. Code. *Use of code 13 requires additional submission of the Weapon Type code.
14. <input type="checkbox"/> Possesses firearms (not prohibited by federal law), knives, or other implements, which may be used as weapons, the careless use of which might inflict harm or injury (Excludes pocket knives with a blade length < 2 1/2" - refer to code 31).
15. <input type="checkbox"/> Throws missiles liable to injure others | 21. <input type="checkbox"/> Commits any other serious offense
22. <input type="checkbox"/> Murder
23. <input type="checkbox"/> Assault and/or Battery
24. <input type="checkbox"/> Rape and/or Sexual Battery
25. <input type="checkbox"/> Kidnapping
26. <input type="checkbox"/> Arson
27. <input type="checkbox"/> Criminal Damage to Property
28. <input type="checkbox"/> Burglary
29. <input type="checkbox"/> Misappropriation with violence to the person
30. <input type="checkbox"/> Discharge or use of weapon (s) prohibited by federal law | 31. <input type="checkbox"/> Possesses pocket knife or blade cutter with a blade length < 2 1/2"
32. <input type="checkbox"/> Serious Bodily Injury
33. <input type="checkbox"/> Use of OTC medication in a manner other than prescribed or authorized
34. <input type="checkbox"/> Possession of Body Armor
37. <input type="checkbox"/> False Alarm / Bomb Threat
40. <input type="checkbox"/> Public Indecency
41. <input type="checkbox"/> Obscene behavior or Possession of Obscene/ Pornographic Material
45. <input type="checkbox"/> Trespassing Violation |
|--|---|---|

REMARKS/DESCRIPTION OF INCIDENT: _____

ACTION(S) TAKEN BY TEACHER OR OTHER SCHOOL EMPLOYEE

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other _____ cumulative behavioral referral(s). I have taken the following action(s):

- | | | | | |
|---|--|--|--|--|
| 011 <input type="checkbox"/> Referred to Office | 012 <input type="checkbox"/> Referred to Counselor | 013 <input type="checkbox"/> Referred to Social Worker | 014 <input type="checkbox"/> Referred to SBLC | 018 <input type="checkbox"/> Secondary Referral (PBIS) |
| 019 <input type="checkbox"/> Tertiary Referral (PBIS) | 022 <input type="checkbox"/> Therapeutic Removal | 025 <input type="checkbox"/> Intervention Room | 080 <input type="checkbox"/> Assigned Remedial Work | |
| 120 <input type="checkbox"/> Student Conference | 140 <input type="checkbox"/> Student Reprimand | 160 <input type="checkbox"/> Loss of Privileges | 030 <input type="checkbox"/> Restorative Practices Implemented | |
| 173 <input type="checkbox"/> Conference with Parents or Guardians | | 175 <input type="checkbox"/> Conference with Principal | 999 <input type="checkbox"/> Other Action _____ | |

Y N Contact Parent/Guardian Date: _____ Time: _____ Phone Call Letter Conference Date: _____ Time: _____

RECOMMENDATION(S) BY TEACHER OR OTHER SCHOOL EMPLOYEE _____

Signature of School Employee: _____ Date: _____

ACTION(S) TAKEN BY SCHOOL ADMINISTRATOR

The student named above is hereby reported for inappropriate behavior as indicated in this report. This is the student's 1st 2nd 3rd 4th 5th (circle one) or other _____ cumulative behavioral referral(s). I have taken the following action (s):

- | | | |
|--|---|---|
| 000 <input type="checkbox"/> No Action— only use if no reportable action was taken | 160 <input type="checkbox"/> Loss of Privileges | 020 <input type="checkbox"/> TOR (Time Out Room) |
| 012 <input type="checkbox"/> Referred to Counselor | 014 <input type="checkbox"/> Referred to SBLC | 040 <input type="checkbox"/> In School Detention from _____ to _____ |
| 043 <input type="checkbox"/> After School Detention from _____ to _____ | 045 <input type="checkbox"/> Weekend Detention from _____ to _____ | 002 <input type="checkbox"/> Suspension Out Of School from _____ to _____ |
| 004 <input type="checkbox"/> Suspension In School from _____ to _____ | 006 <input type="checkbox"/> Suspension Alternative Site from _____ to _____ | 001 <input type="checkbox"/> Expulsion Recommendation |
| 017 <input type="checkbox"/> Enforcement Referral (Arrest Resulted Y N) | 016 <input type="checkbox"/> Court Referral Date _____ | 013 <input type="checkbox"/> Referral to Social Worker |
| 080 <input type="checkbox"/> Assigned Remedial Work | 999 <input type="checkbox"/> Other Action (s): _____ | 030 <input type="checkbox"/> Restorative Practices Implemented |
| 140 <input type="checkbox"/> Student Reprimand | 120 <input type="checkbox"/> Student Conference Date: _____ | 173 <input type="checkbox"/> Conference w/ Parents or Guardians on: _____ |
| 175 <input type="checkbox"/> Conference w/ Principal on: _____ | 180 <input type="checkbox"/> Corporal Punishment (if checked—complete "Corporal Punishment" Form) | |

Y N Contact Parent/Guardian Date: _____ Time: _____ Phone Call Letter Conference Date: _____ Time: _____

SIS Primary Infraction/Reason Code Entered: _____ Signature of Principal: _____ Date: _____

COMMENTS BY STUDENT AND/OR PARENT/GUARDIAN: _____

Signature of Student: _____ Signature of Parent/Guardian: _____ Current Date: _____

Check appropriate blocks as copies of the document are supplied: Parent/Guardian School's Pupil File Employee Filing this Report Principal

***NOTE: The principal shall return a completed copy of this form to the staff member who initiated the referral within 48 hours (excluding non-work days) of the time it was submitted to the principal.**

****Attachments:** Provide a copy of the classroom minor tracking form, behavior intervention plan and data, or other applicable intervention information.