

**ATLANTIC COUNTY MIDDLE/ELEMENTARY SCHOOL
Behavior Incident Report**

Student(s) Name: _____ **Time:** _____ **Date:** _____

Description of Behavior (include setting/activity prior to incident):

Redirection/Intervention:

Student has Individual Behavior Plan yes _____ no _____
Individual Behavior was implemented yes _____ no _____

- _____ 1. Redirection / Warning
- _____ 2. Reinforce behavior management system (reward system)
- _____ 3. Use of Quiet Area (in-class area) Minutes _____
- _____ 4. Use of Time-Out Room Minutes _____
- _____ 5. Support Team Called Name of Support Staff _____
- _____ 6. Removal from Classroom Minutes _____
- _____ 7. Parent Contacted
- _____ 8. Consultation with Case Manager

Staff member completing discipline referral

Action Taken:

Principal/Administrator Signature

Date