



SOUTHWEST SPECIAL EDUCATION LOCAL PLAN AREA
 10322 Condon Ave. • Lennox, CA 90304

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 swselpa.org

Regionalized Program Behavioral Incident Report

Student: _____
Date: _____ **Time:** _____
Teacher: _____
Grade: _____
Referring Staff: _____
District of Residence: _____

- Location**
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Playground | <input type="checkbox"/> Library |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Arrival/Dismissal |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Other |

Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Off -Task <input type="checkbox"/> Arguing/Fighting with peers <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Arguing with Teacher <input type="checkbox"/> Noncompliance <input type="checkbox"/> Misuse of School Equipment/Materials <input type="checkbox"/> Dress Code <input type="checkbox"/> Electronic Violation	<input type="checkbox"/> Fighting/Phys Agg/Violence <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Profanity <input type="checkbox"/> Theft <input type="checkbox"/> Obscene Act <input type="checkbox"/> Weapon <input type="checkbox"/> Bullying <input type="checkbox"/> Cheating/Lying <input type="checkbox"/> Controlled Substance <input type="checkbox"/> Threat <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 Peer(s) <input type="checkbox"/> Avoid Adult <input type="checkbox"/> Avoid task or activity <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____

Administrative Decision

<input type="checkbox"/> Loss of privilege <input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent Contact	<input type="checkbox"/> Individualized instruction <input type="checkbox"/> In-school suspension (____hours/days) <input type="checkbox"/> Out of school suspension (____days) <input type="checkbox"/> Other _____
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Others involved in incident: None Peers Staff Teacher Substitute Unknown Other

Date emailed to DOR _____ **DOR Recipient** _____

Parent Signature: _____ **Date:** _____

Please send completed report to BehaviorReports@swselpa.org