



# Porcupine School Behavior Report



Date of Infractions: \_\_\_\_\_

Time of Infractions: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**INFRACTION (Please selection the box(s) that best describes the infractions or student behavior)**

**Minor Infractions (Please check box(s) for all that apply)**

<input type="checkbox"/> Horse Play	<input type="checkbox"/> Bus Violation	<input type="checkbox"/> Wearing Hoodies /Caps
<input type="checkbox"/> Not on time for scheduled classes	<input type="checkbox"/> Refusal to Work	<input type="checkbox"/> Violation of Rules/Playground Rules
<input type="checkbox"/> Chewing Gum and Sunflower Seeds	<input type="checkbox"/> Hickeys/Public display of affection	<input type="checkbox"/> Academic Dishonesty (i.e. cheating, forging)
<input type="checkbox"/> Abuse of School or Personal Materials	<input type="checkbox"/> Inappropriate Dress	<input type="checkbox"/> Inappropriate Conduct
<input type="checkbox"/> Cell phone/Electronic devices	<input type="checkbox"/> Disrespectful	

**List three behavior interventions that you implemented in the classroom to deter this behavior prior to referral:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Major Infractions (Please check box(s) for all that apply)**

<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Defacing School or Personal Property	<input type="checkbox"/> Possession, use or distributing tobacco products, drugs/alcohol and any use of weapons
<input type="checkbox"/> Gang related activities, actions, or graffiti.	<input type="checkbox"/> Violation of Fire Code possession of fireworks, lighters, matches, etc. misuse of a fire alarm	<input type="checkbox"/> Communication of Threats, abuse, or obscene language or gestures to other students or staff
<input type="checkbox"/> Fighting/Racking	<input type="checkbox"/> Vandalism and Theft	<input type="checkbox"/> Blatant Disrespectful
<input type="checkbox"/> Truancy/Skipping Classes	<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Social Media Misuse (cyber bullying)
<input type="checkbox"/> Students not remaining on campus	<input type="checkbox"/> Bullying other students	<input type="checkbox"/> Sexual Harassment of other students or staff
<input type="checkbox"/> Instigating	<input type="checkbox"/> 3 <sup>rd</sup> Party accessory	<input type="checkbox"/> Any possession and use of weapons

**List three behavior interventions that you implemented in the classroom to deter this behavior prior to referral:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please provide in detail infractions and location:

  
  
  
  
  
  
  
  
  
  

**Official Use Only**

**Action Taken:**  Contact Parent/Legal Guardian     Time Out     Warning     Parent Accompany Student

Counselor Referral     In-School Suspension     Out-of- School Suspension     Law Enforcement Referral

Expulsion Date: \_\_\_\_\_    Return Date: \_\_\_\_\_    Staff Name: \_\_\_\_\_

Consequence: \_\_\_\_\_

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**Signature of Principal or Designee** \_\_\_\_\_    **Date** \_\_\_\_\_