

STUDENT INCIDENT REPORT

Florida Statewide Behavior Database

Shaded areas to be completed by Office

STUDENT NAME		REPORTED BY		CHECK HERE IF RECORDING TEACHER-MANAGED BEHAVIOR: <input type="checkbox"/>			
GRADE	DATE	TIME		Student ID	Gender M / F	Ethnicity NH / H	Race AI/AN AS B NH/PI W
Complete this side for ALL incidents				Office to Complete for all SESIR incidents			
LOCATION: <input type="checkbox"/> Bathroom <input type="checkbox"/> Field Trip <input type="checkbox"/> Off Campus <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Gymnasium <input type="checkbox"/> Office <input type="checkbox"/> Bus zone <input type="checkbox"/> Hall <input type="checkbox"/> Parking Lot <input type="checkbox"/> Cafeteria <input type="checkbox"/> Library <input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Locker Room <input type="checkbox"/> Stadium <input type="checkbox"/> Common Area <input type="checkbox"/> Music Room <input type="checkbox"/> Other:				SESIR ELEMENTS <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Gang <input type="checkbox"/> Bullying - General <input type="checkbox"/> Bullying - Race <input type="checkbox"/> Bullying - Religion <input type="checkbox"/> Bullying - Gender <input type="checkbox"/> Bullying - Sex orientation <input type="checkbox"/> Bullying - Disability <input type="checkbox"/> Hate <input type="checkbox"/> Hazing <input type="checkbox"/> Injury <input type="checkbox"/> Weapon <input type="checkbox"/> Weapon discharge			
CONTEXT: <input type="checkbox"/> Instruction (Individual) <input type="checkbox"/> Work (Partner) <input type="checkbox"/> Transition <input type="checkbox"/> Instruction (Small Group) <input type="checkbox"/> Work (Group) <input type="checkbox"/> Other: <input type="checkbox"/> Instruction (Large Group) <input type="checkbox"/> Centers <input type="checkbox"/> Work (Individual) <input type="checkbox"/> Unstructured Activity							
OTHERS INVOLVED: <input type="checkbox"/> None <input type="checkbox"/> Staff, Assistant <input type="checkbox"/> Substitute <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Non-Student <input type="checkbox"/> Other:							
POSSIBLE MOTIVATION (Check one):				WEAPON CODE			
To Get		To Avoid					
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Item/Activity	<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Item/Activity	<input type="checkbox"/> Firearm other (F)		<input type="checkbox"/> Multiple types of firearm (M)	
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Sensory	<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Sensory	<input type="checkbox"/> Knife (K)		<input type="checkbox"/> Rifle or shotgun (R)	
				<input type="checkbox"/> Handgun (H)		<input type="checkbox"/> Unknown weapon (U)	
EXPECTATION VIOLATED:							
INCIDENT TYPE (Check one): <input type="checkbox"/> Custom District Incident 1 <input type="checkbox"/> Harassment/Tease/Taunt <input type="checkbox"/> Technology Violation <input type="checkbox"/> Custom School Incident 1 <input type="checkbox"/> Inappropriate Display Affection <input type="checkbox"/> Truancy/Skipping <input type="checkbox"/> Custom School Incident 2 <input type="checkbox"/> Language <input type="checkbox"/> Unauthorized Area <input type="checkbox"/> Aggression/Fighting(No Injury) <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> D Minor: <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Phys. Contact <input type="checkbox"/> D Major: <input type="checkbox"/> Disruption <input type="checkbox"/> Poss./Use Combustibles <input type="checkbox"/> S Minor: <input type="checkbox"/> Dress Code <input type="checkbox"/> Property Damage <input type="checkbox"/> S Minor: <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Property Misuse <input type="checkbox"/> S Major: <input type="checkbox"/> Gang Affiliation/Display <input type="checkbox"/> Tardy <input type="checkbox"/> S Major:				SESIR CODE (Check one) <input type="checkbox"/> Alcohol [ALC, L4] <input type="checkbox"/> Larceny/Theft (>\$300) [STL, L3] <input type="checkbox"/> Arson [ARS, L1] <input type="checkbox"/> Physical Attack [PHA, L2] <input type="checkbox"/> Battery [BAT, L1] <input type="checkbox"/> Robbery [ROB, L2] <input type="checkbox"/> Break & Enter/Burglary [BRK, L2] <input type="checkbox"/> Sexual Assault [SXAB, L2] <input type="checkbox"/> Bullying [BHA, L4] <input type="checkbox"/> Sexual Battery [SXB, L1] <input type="checkbox"/> Disruption on Campus [DOC, L3] <input type="checkbox"/> Sexual Harassment [SXH, L3] <input type="checkbox"/> Drug Sale/Distribution [DRD, L2] <input type="checkbox"/> Sexual Offenses [SXO, L3] <input type="checkbox"/> Drug Use/Possession [DRU, L3] <input type="checkbox"/> Threat/Intimidation [TRE, L3] <input type="checkbox"/> Fighting [FIT, L3] <input type="checkbox"/> Tobacco [TBC, L4] <input type="checkbox"/> Harassment [HAR, L4] <input type="checkbox"/> Trespassing [TRS, L2] <input type="checkbox"/> Hazing [HAZ, L3] <input type="checkbox"/> Vandalism (>\$1K) [VAN, L3] <input type="checkbox"/> Homicide [HOM, L1] <input type="checkbox"/> Weapons [WPO, L2] <input type="checkbox"/> Kidnapping [KID, L1] <input type="checkbox"/> Other Major [OMC, L3]			
BRIEF DESCRIPTION of INCIDENT: 				<i>Describe other major incident</i>			
ACTION(S) TAKEN <input type="checkbox"/> Apology <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Seat Change <input type="checkbox"/> Conf. with Parent <input type="checkbox"/> Phone Parent <input type="checkbox"/> Sent to Room # _____ <input type="checkbox"/> Contract (earn priv.) <input type="checkbox"/> Problem Solving <input type="checkbox"/> Time in Office <input type="checkbox"/> Cool Down/Break <input type="checkbox"/> Redirection <input type="checkbox"/> Time Out <input type="checkbox"/> Curriculum Change <input type="checkbox"/> Re-Teach/Practice Ex <input type="checkbox"/> Work Detail <input type="checkbox"/> Establish Prompt/Cue <input type="checkbox"/> Restitution <input type="checkbox"/> Other <input type="checkbox"/> Instructional Change <input type="checkbox"/> Restraint <input type="checkbox"/> Lose Class Privilege <input type="checkbox"/> Schedule Change				ACTION(S) TAKEN by OFFICE <input type="checkbox"/> Bus Suspension <input type="checkbox"/> Parent Shadowing <input type="checkbox"/> Corporal Punishment <input type="checkbox"/> Peer Court <input type="checkbox"/> Detention: _____ <input type="checkbox"/> Referral to Law Enforcement <input type="checkbox"/> Expulsion <input type="checkbox"/> Sat. School: _____ <input type="checkbox"/> ISS DAYS _____ <input type="checkbox"/> Seclusion <input type="checkbox"/> OSS DAYS _____ <input type="checkbox"/> Other: _____			
COMMENTS:							

Student Signature

Administrator Signature

Return to Class Time

Parent Signature