

INCIDENT/ REFERRAL/ SWIS REPORT

Student name _____ Grade ____ Classroom teacher _____

Reporting staff _____ Date ___/___/___ Time of incident _____

- Classroom managed** (Incident captured in SWIS data system only)
- Administration managed*** (School administrator notified and behavior incident included in student file)

**Notify administration when any of the following occurs due to student behavior*

- | | |
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| <ul style="list-style-type: none"> Physical intervention required (complete a BER report) Call to law enforcement (complete a BER report) Suspension (in-school or out of school) Elopement off school property | <ul style="list-style-type: none"> Unsafe situation and/or injury to the student or others Student is involuntarily separated from peers for more than 60 minutes Property destruction |
|---|---|

For each category below, check all applicable and CIRCLE the most important – *only one can be entered in SWIS*

LOCATION			OTHERS INVOLVED	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Culinary	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Teacher	<input type="checkbox"/> None
<input type="checkbox"/> Hallway	<input type="checkbox"/> Weight room	<input type="checkbox"/> Off campus	<input type="checkbox"/> Peers	<input type="checkbox"/> Unknown
<input type="checkbox"/> Playground	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Unknown	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
<input type="checkbox"/> Office	<input type="checkbox"/> Bus	<input type="checkbox"/> Other _____	<input type="checkbox"/> Substitute	
<input type="checkbox"/> Gym	<input type="checkbox"/> Parking lot			

PERCEIVED MOTIVATION		
<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Avoid adult attention	<input type="checkbox"/> Unknown
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Obtain a preferred item or activity	<input type="checkbox"/> Other _____
<input type="checkbox"/> Avoid peer attention	<input type="checkbox"/> Avoid a task or activity	

STUDENT BEHAVIOR		ACTION TAKEN	
<input type="checkbox"/> Defiance	<input type="checkbox"/> Fighting	<input type="checkbox"/> Restorative practice	<input type="checkbox"/> Detention
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Property misuse	<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> In-school suspension
<input type="checkbox"/> Inappropriate or abusive language	<input type="checkbox"/> Property damage	<input type="checkbox"/> Restitution	<input type="checkbox"/> Out-of-school suspension (Ed Code# _____)
<input type="checkbox"/> Disruption	<input type="checkbox"/> Theft	<input type="checkbox"/> Time out	(Dates ___/___ to ___/___)
<input type="checkbox"/> Technology violation	<input type="checkbox"/> Tardy	<input type="checkbox"/> Support room** (see below)	<input type="checkbox"/> Bus suspension
<input type="checkbox"/> Inappropriate display of affection	<input type="checkbox"/> Out of area/elopement	<input type="checkbox"/> Alternative placement	<input type="checkbox"/> Alternative to suspension (Ed Code# _____)
<input type="checkbox"/> Bullying	<input type="checkbox"/> Use/possession of nicotine	<input type="checkbox"/> Conference with student	<input type="checkbox"/> Action pending
<input type="checkbox"/> Harassment	<input type="checkbox"/> Use/possession of alcohol	<input type="checkbox"/> Caregiver contact	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Threatening behavior	<input type="checkbox"/> Use/possession of restricted substances	<input type="checkbox"/> Police called (& responded)	_____
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Use/possession of weapons		_____
	<input type="checkbox"/> Other behavior not Listed (explain): _____		

ADMINISTRATION MANAGED INCIDENTS ONLY:	
Describe the incident	
Support room use (if applicable)	
Time in: _____	Time out: _____ Name of staff present with student: _____
Teacher signature _____	Date ___/___/___
Administrative reviewer _____	Date ___/___/___ <input type="checkbox"/> Incident Report <input type="checkbox"/> Referral