

# Wenatchee School District

## Student Incident Report

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Students Teacher: \_\_\_\_\_ Referring Staff: \_\_\_\_\_

Incident: ☐ Minor ☐ Minor (Admin. Assistance Requested) ☐ Major

Incident	Location	Motivation
<input type="checkbox"/> Defiance Defiance/Non-Compliance <input type="checkbox"/> Inappropriate Language Abusive Language, Profanity <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code Violation <input type="checkbox"/> Inappropriate Display of Affection <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Physical Contact Physical Aggression <input type="checkbox"/> Technology Violation <input type="checkbox"/> Harassment/Bullying <input type="checkbox"/> Property Misuse Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Fighting <input type="checkbox"/> Weapons <input type="checkbox"/> Other _____	<input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Commons <input type="checkbox"/> Bathroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Bus <input type="checkbox"/> Special Event (Assemblies/Field Trip) <input type="checkbox"/> Office <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 _____

Others involved in incident: ☐ None ☐ Peers ☐ Staff ☐ Teacher ☐ Substitute ☐ Unknown ☐ Other

**What Happened/Attempted Interventions:**

Teacher		Check Action(s) Taken:		Administrator		
<input type="checkbox"/> Warning <input type="checkbox"/> Loss of privilege <input type="checkbox"/> Refocus  <input type="checkbox"/> Conference with student <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Parent contact <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Parent Conference <input type="text"/> <input type="text"/> <input type="text"/>  <input type="checkbox"/> Discipline <input type="checkbox"/> Emergency Removal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Time in office <input type="checkbox"/> Discipline <input type="checkbox"/> Emergency Removal  <input type="checkbox"/> Student Conference <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Parent Contact <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Parent Conference <input type="text"/> <input type="text"/> <input type="text"/>  <input type="checkbox"/> In-school suspension (____ hours/days) <input type="checkbox"/> Out-of-school suspension (____ days) <input type="checkbox"/> Other _____					

**Additional Comments:**