

(Filled in by student-Intermediate grades, filled in by teacher-Primary grades)

Behavior Report

Name _____ Date _____

Tell What Happened _____

Rules (Which rule or rules were broken) _____

Consequences (What do you think should happen) _____

Teacher's Decision _____

What Can You Do To **NOT** Have This Happen Again _____

If It Does Happen Again, What Will Be The Consequences_____

Teacher_____Date_____

Student_____Date_____

Parent_____Date_____