

<b>Incident Report</b> Rock Island/Milan Public Schools	<b>Student's Name/ID Number</b>	<b>Grade</b>	<b>Date/Time of Incident</b>
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<b>Teacher/Staff Member</b>	<b>Location</b> <input type="checkbox"/> Parking Lot <input type="checkbox"/> Restrooms <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____
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**Interventions Take Prior to Referral**

<input type="checkbox"/> Contacted Parent	<input type="checkbox"/> Changed Student's Seat	<input type="checkbox"/> Consulted Counselor
<input type="checkbox"/> Conference w/ Parent Date _____	<input type="checkbox"/> Conference w/ Student Date _____	<input type="checkbox"/> Previous Referral to Office

**Anecdotal Summary:** \_\_\_\_\_

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**Problem Behavior**

<input type="checkbox"/> Inappropriate Display of Affection	<input type="checkbox"/> Overt Defiance/Disrespect/Insubordination/Non-Compliance
<input type="checkbox"/> Skipping Class/Truancy	<input type="checkbox"/> Abusive Language/Profanity/Inappropriate Language
<input type="checkbox"/> Weapon	<input type="checkbox"/> Physical Contact <input type="checkbox"/> Combustibles
<input type="checkbox"/> Harassment/Bullying	<input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Out of Bounds
<input type="checkbox"/> Disruption	<input type="checkbox"/> Drugs/Controlled Substance <input type="checkbox"/> Property Damage
<input type="checkbox"/> Fighting/Physical Aggression	<input type="checkbox"/> Cheating/Lying <input type="checkbox"/> Bomb Threat
<input type="checkbox"/> Abusive Language/Profanity	<input type="checkbox"/> Technology Violation <input type="checkbox"/> Arson
<input type="checkbox"/> Dress Code Violation	<input type="checkbox"/> Tobacco

**Possible Motivation**

<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/activity	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____

**Others Involved**

None     Peers     Staff     Teacher     Substitute     Unknown     Other \_\_\_\_\_

**Administrative Decision**

<input type="checkbox"/> Conference w/student	<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Counselor Contact
<input type="checkbox"/> In-School Suspension ( _____ days(s))	<input type="checkbox"/> Out of School Suspension ( _____ days(s))	
<input type="checkbox"/> Possible Recommendation for Expulsion	<input type="checkbox"/> Other _____	

**Administrative Comments:** \_\_\_\_\_

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