

**Northwest Elementary School
MINOR INCIDENT REPORT (MIR)**

Teachers are to use this form to document repeated classroom managed behaviors.

Name of Student: _____ Time of Incident: _____ Date: _____

Referring Staff: _____ Teacher: _____ Grade: K 1 2 3 4 5

Location: Classroom Hallway Cafeteria Restroom Enrichment Playground Other: _____

Check at least one in each column:

Repeated Problem Behavior	Intervention
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Phone call to parent <i>Required after EACH incident</i>
<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Multiple warnings
<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Conference with student
<input type="checkbox"/> Touching (pushing, pinching)	<input type="checkbox"/> Note home Date _____
<input type="checkbox"/> Inappropriate comments/talking back to teacher	<input type="checkbox"/> Watch Character Education Video on Discovery Streaming
<input type="checkbox"/> Toys/Electronic devices	<input type="checkbox"/> Loss of privileges (silent lunch, alternate PE, etc.) Privilege _____ Date _____
<input type="checkbox"/> Running in hallways	<input type="checkbox"/> Written assignment that explains action and purpose of rule, etc. Date _____
<input type="checkbox"/> Gestures (rolling eyes, shrugging shoulders, etc.)	<input type="checkbox"/> Time out in another location Location _____ Date _____
<input type="checkbox"/> Blurting out	<input type="checkbox"/> Behavior team referral
<input type="checkbox"/> Minor dishonesty	<input type="checkbox"/> Behavior contract <i>Attach a copy</i>
<input type="checkbox"/> Attitude/Tone	<input type="checkbox"/> Time with counselor Counselor _____
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Office Referral
<input type="checkbox"/> Food, drink, or gum	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vandalism (minor, i.e. writing on desk)	_____
<input type="checkbox"/> Out of seat	_____
<input type="checkbox"/> Misuse of equipment	
<input type="checkbox"/> Bullying-type behaviors (name calling, etc.)	
<input type="checkbox"/> Cheating/Lying	
<input type="checkbox"/> Dress Code Violation	
<input type="checkbox"/> Other: _____	

Circle Incident #: 1st 2nd 3rd 4th+

Explanation (if needed): _____

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S TEACHER ON THE FOLLOWING SCHOOL DAY.