

STUDENT INCIDENT REPORT

Florida Statewide Behavior Database

Shaded fields to be completed by front office

STUDENT NAME			REPORTED BY		CHECK HERE IF RECORDING TEACHER-MANAGED BEHAVIOR:		<input type="checkbox"/>						
GRADE	DATE	TIME	Student ID	Gender M / F	Ethnicity NH / H	Race AI/AN AS B NH/PI W							
LOCATION:			CONTEXT:		OTHERS INVOLVED:								
<input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Locker Room <input type="checkbox"/> Bus zone <input type="checkbox"/> Music Room <input type="checkbox"/> Cafeteria <input type="checkbox"/> Off Campus <input type="checkbox"/> Classroom <input type="checkbox"/> Office <input type="checkbox"/> Common Area <input type="checkbox"/> Parking Lot <input type="checkbox"/> Field Trip <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Stadium <input type="checkbox"/> Hall <input type="checkbox"/> Other:			<input type="checkbox"/> Instruction (Indiv.) <input type="checkbox"/> Instruction (Sm. Group) <input type="checkbox"/> Instruction (Lg. Group) <input type="checkbox"/> Work (Individual) <input type="checkbox"/> Work (Partner) <input type="checkbox"/> Work (Group) <input type="checkbox"/> Centers <input type="checkbox"/> Unstructured Activity <input type="checkbox"/> Transition <input type="checkbox"/> Other:		<input type="checkbox"/> None <input type="checkbox"/> Teacher <input type="checkbox"/> Peers <input type="checkbox"/> Substitute <input type="checkbox"/> Staff, Assistant <input type="checkbox"/> Non-Student <input type="checkbox"/> Other:								
					POSSIBLE MOTIVATION (Check One):								
					TO GET: <input type="checkbox"/> Adult Attention <input type="checkbox"/> Peer Attention <input type="checkbox"/> Item/Activity <input type="checkbox"/> Sensory		TO AVOID: <input type="checkbox"/> Adult Attention <input type="checkbox"/> Peer Attention <input type="checkbox"/> Item/Activity <input type="checkbox"/> Sensory						
					EXPECTATION VIOLATED:								
BRIEF DESCRIPTION:													
<input type="checkbox"/> DF1: <input type="checkbox"/> SF1: <input type="checkbox"/> SF2:													
INCIDENT TYPE (Check One):													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Aggression/Fighting (No Injury) <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Gang Affiliation/Display <input type="checkbox"/> Harassment/Tease/Taunt <input type="checkbox"/> Inappr. Display Affection <input type="checkbox"/> Language <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Phys. Contact </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Poss./Use Combustibles <input type="checkbox"/> Property Damage <input type="checkbox"/> Property Misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Truancy/Skipping <input type="checkbox"/> Unauthorized Area <input type="checkbox"/> DMinor: <input type="checkbox"/> DMajor: <input type="checkbox"/> SMinor: <input type="checkbox"/> SMajor: </td> <td style="width: 34%; vertical-align: top;"> <div style="text-align: center;"><u>SESIR:</u></div> <div style="text-align: center;"><i>Weapon: <u> F </u> <u> K </u> <u> O </u> <u> C </u> <u> E </u> <u> U </u></i></div> <input type="checkbox"/> Alcohol [ALC, L4] <input type="checkbox"/> Arson [ARS, L1] <input type="checkbox"/> Battery [BAT, L1] <input type="checkbox"/> Break & Enter/Burglary [BRK, L2] <input type="checkbox"/> Bullying [BHA, L4] <input type="checkbox"/> Disruption on Campus [DOC, L3] <input type="checkbox"/> Drug Sale/Distribution [DRD, L2] <input type="checkbox"/> Drug Use/Possession [DRU, L3] <input type="checkbox"/> Fighting [FIT, L3] <input type="checkbox"/> Harassment [HAR, L4] <input type="checkbox"/> Homicide [HOM, L1] <input type="checkbox"/> Kidnapping [KID, L1] </td> </tr> <tr> <td colspan="3" style="vertical-align: top;"> <input type="checkbox"/> Larceny/Theft (>\$300) [STL, L3] <input type="checkbox"/> Robbery [ROB, L2] <input type="checkbox"/> Sexual Battery [SXB, L1] <input type="checkbox"/> Sexual Harassment [SXH, L3] <input type="checkbox"/> Sexual Offenses [SXO, L3] <input type="checkbox"/> Threat/Intimidation [TRE, L3] <input type="checkbox"/> Tobacco [TBC, L4] <input type="checkbox"/> Trespassing [TRS, L2] <input type="checkbox"/> Vandalism (>\$1,000) [VAN, L3] <input type="checkbox"/> Weapons [WPO, L2] <input type="checkbox"/> Other Major [OMC, L3] : </td> </tr> </table> <div style="margin-top: 5px;"> <i>For SESIR Incidents:</i> <div style="display: flex; justify-content: space-between;"> <div> <u> Alcohol </u> <u> Bully </u> <u> Drug </u> <u> Gang </u> <u> Hate </u> <u> Injury </u> <u> Weapon </u> </div> <div> <input type="checkbox"/> Describe: _____ </div> </div> </div>								<input type="checkbox"/> Aggression/Fighting (No Injury) <input type="checkbox"/> Defiance/Disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Dress Code <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Gang Affiliation/Display <input type="checkbox"/> Harassment/Tease/Taunt <input type="checkbox"/> Inappr. Display Affection <input type="checkbox"/> Language <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Phys. Contact	<input type="checkbox"/> Poss./Use Combustibles <input type="checkbox"/> Property Damage <input type="checkbox"/> Property Misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Technology Violation <input type="checkbox"/> Truancy/Skipping <input type="checkbox"/> Unauthorized Area <input type="checkbox"/> DMinor: <input type="checkbox"/> DMajor: <input type="checkbox"/> SMinor: <input type="checkbox"/> SMajor:	<div style="text-align: center;"><u>SESIR:</u></div> <div style="text-align: center;"><i>Weapon: <u> F </u> <u> K </u> <u> O </u> <u> C </u> <u> E </u> <u> U </u></i></div> <input type="checkbox"/> Alcohol [ALC, L4] <input type="checkbox"/> Arson [ARS, L1] <input type="checkbox"/> Battery [BAT, L1] <input type="checkbox"/> Break & Enter/Burglary [BRK, L2] <input type="checkbox"/> Bullying [BHA, L4] <input type="checkbox"/> Disruption on Campus [DOC, L3] <input type="checkbox"/> Drug Sale/Distribution [DRD, L2] <input type="checkbox"/> Drug Use/Possession [DRU, L3] <input type="checkbox"/> Fighting [FIT, L3] <input type="checkbox"/> Harassment [HAR, L4] <input type="checkbox"/> Homicide [HOM, L1] <input type="checkbox"/> Kidnapping [KID, L1]	<input type="checkbox"/> Larceny/Theft (>\$300) [STL, L3] <input type="checkbox"/> Robbery [ROB, L2] <input type="checkbox"/> Sexual Battery [SXB, L1] <input type="checkbox"/> Sexual Harassment [SXH, L3] <input type="checkbox"/> Sexual Offenses [SXO, L3] <input type="checkbox"/> Threat/Intimidation [TRE, L3] <input type="checkbox"/> Tobacco [TBC, L4] <input type="checkbox"/> Trespassing [TRS, L2] <input type="checkbox"/> Vandalism (>\$1,000) [VAN, L3] <input type="checkbox"/> Weapons [WPO, L2] <input type="checkbox"/> Other Major [OMC, L3] :		
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ACTION(S) TAKEN (<i>italicized actions may only be assigned by a School Administrator or Dean</i>):													
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COMMENTS:													

Student Signature

Administrator Signature

Parent Signature

Return to Class Time