



Appendix G

Elementary School Transportation Student Incident Report

☐ ASP ☐ HOPKINS ☐ SGR ☐ PCE

Company: _____

Student: _____ Referred by: _____ Rte # _____ Bus # _____

Grade: _____ Time: _____ AM ☐ PM ☐

Date: _____ TRIP ☐ # _____

Describe behavior:

(ADD A SEPARATE SHEET IF NEEDED.)

Location:

☐ School Grounds/Bus Stop ☐ Bus ☐ Other _____

- | | | |
|-----------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Weapon | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Bullying or Intimidating | <input type="checkbox"/> Harassment | <input type="checkbox"/> Pushing / Shoving / Scuffling |
| <input type="checkbox"/> Verbal Abuse or Disrespectful Language | | |
| <input type="checkbox"/> Other _____ | | |

Additional Information: _____

Motivation:

- | | | |
|----------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Avoid Adults | <input type="checkbox"/> Obtain Adult Attention | <input type="checkbox"/> Obtain Items/Activities |
| <input type="checkbox"/> Avoid Peers | <input type="checkbox"/> Obtain Peer Attention | <input type="checkbox"/> Other Motivation: _____ |
| <input type="checkbox"/> Avoid Request | | |

Resulting Action:

- | | | |
|----------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Apology | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Sent Home |
| <input type="checkbox"/> Conference With Student | <input type="checkbox"/> Police Contact | <input type="checkbox"/> Suspension - In School # days |
| <input type="checkbox"/> Individual Intervention/Prob. Solving | <input type="checkbox"/> Referred to _____ Room | <input type="checkbox"/> Suspension - Out Of School # days |
| <input type="checkbox"/> Loss Of Privilege | <input type="checkbox"/> Bus Suspension _____ # days | <input type="checkbox"/> Time In Office |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Restitution | <input type="checkbox"/> Warning |
| <input type="checkbox"/> Other _____ | | |

Student response when interviewed:

(ADD A SEPARATE SHEET IF NEEDED.)

Staff member completing intervention: _____

Parent(s)/Guardian(s) signature: _____

Parent – White

Office – Yellow

Transportation – Pink

Driver's - Goldenrod