



5142 APPENDIX 1
ELEMENTARY YEARS INCIDENT REPORT

Student Name: _____ Teacher: _____ Grade: _____

Date Completed: _____ Staff Member Involved: _____

Student description of what happened: (if applicable)

Student picture of what happened (if applicable)	Student picture of what should have happened (if applicable)

At the time of the incident I felt:



Sad



Happy



Mad



Scared

Has this happened before?

1st time a little a lot every day

Consequences:

	Verbal reminder / conversation		Loss of Privileges		Other consequences: (see discipline policy)
	Removal from situation		Confiscation of property		
	Student required to shadow supervisor		Community Service		
	Student placed in a "No Play Zone" in order to observe appropriate behaviour		Student sent to administration		
	Student phones home / parents notified		Recess / noon hour / after school detention		
	In – school suspension		Pay for repair / replacement		

Adult Description of what happened:

Parent Supporting Actions (If you have concerns please call the school.) Thank You

Signatures:

_____ Student

_____ Teacher

_____ Parent(s) / Guardian

Form made in conjunction with Staff and School Community Council