

# SAMPLE ELEMENTARY SCHOOL

Incident
___1 <sup>st</sup> ___2 <sup>nd</sup> ___3 <sup>rd</sup> ___4 <sup>th</sup>

## Minor Incident Reflection Sheet

Student: \_\_\_\_\_  
HR Teacher: \_\_\_\_\_  
Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Referring Staff Member: \_\_\_\_\_

*This is what happened:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is what I will do next time:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Area(s) of concern:**

- \_\_\_\_ 1. Listening and following directions
- \_\_\_\_ 2. Keeping hands, feet, and objects to self
- \_\_\_\_ 3. Respecting others: adults classmates
- \_\_\_\_ 4. Respecting property
- \_\_\_\_ 5. Interrupting learning of others
- \_\_\_\_ 6. Verbal arguing or altercation
- \_\_\_\_ 7.
- \_\_\_\_ 8. Other \_\_\_\_\_

***Teacher Comments:***

*Classroom Interventions:* \_\_\_\_\_ *Redirection* \_\_\_\_\_ *Parent Contact* \_\_\_\_\_ *Student Conference* \_\_\_\_\_ *Separation*  
\_\_\_\_\_ *Counselor Referral* \_\_\_\_\_ *Buddy Class* \_\_\_\_\_ *Think Time* \_\_\_\_\_ *Other*



*Parent(s): Please discuss and review incident above with your child. The fifth incident will result in an office referral. Please sign below to acknowledge receipt and return this form to school with your child tomorrow.*

I, \_\_\_\_\_, understand that I make a choice every day for how I behave. The action plan I completed today will serve as a reminder that I can make **positive choices!**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_