

EECD Behaviour Tracking Form

Revised July 2016

- Teacher Use
- Office – Administration Referral

Name of student _____

Date of incident _____ Time of Incident _____

Name of referring staff _____

Name of administrator _____

Indicate if student is on : **PLP** **IBSP**

Behaviours Not Tolerated

- Absenteeism - unjustified**
- Cheating/Plagiarism** - presenting the work of another as one's own
- Defiance** - openly resisting or opposing authority; and/or showing contempt
- Discrimination**
 - On the basis of disability
 - On the basis of race, colour, or national origin
 - On the basis of gender identity or sexual orientation
- Disrespect** - rude verbal comments or gestures
- Dress code violation** - clothing is inappropriate, as defined in the dress code
- Failure to comply with school code of conduct**
- Failure to do class work** - assignments are consistently and intentionally incomplete or undone by a student able to do the work assigned
- Failure to report** - when asked to report to administration, etc., student refuses or ignores request
- False Accusations**
- Fighting**
- Forge Signature** - - falsifying another's signature on an official document
- Inappropriate language** - language unsuitable to the school climate, including vulgarity, racial/sexual slurs.
- Inappropriate sexual act**
- Inappropriate use of technology**
- Incomplete homework** - persistent failure to complete homework assignments which the student is able to do
- Intentional property damage**
- Loitering**
- Lying** - delivering a message that is untrue, actively or passively
- Misuse of equipment** - student misuses school equipment, either by damaging it or using it for personal and inappropriate purposes
- Name calling** - rude or demeaning verbal threat
- Policy 311 Violation**
- Tardy**
- Throwing objects**
- Trespassing on private property**
- Unprepared for class**
- Walked out without permission**

Serious Misconduct

- 911 Call**
- Arson/Combustibles**
- Bomb threat**
- Cyber bullying**
 - Harassment or bullying on the basis of disability
 - Harassment or bullying on the basis of race, colour, or national origin
 - Harassment or bullying on the basis of gender identity or sexual orientation
- Dangerous driving**
- Distribution, possession and/or use of illegal or dangerous substances or objects**
- Endangering the health and safety of others**
- Hate propaganda**
- Hazing**
- Personal harassment** - causing a person to fear for their safety or the safety of a person known to them by repeatedly following them from place to place or repeatedly communicating directly or indirectly
- Physical Bullying**
 - Harassment or bullying on the basis of disability
 - Harassment or bullying on the basis of race, colour, or national origin
 - Harassment or bullying on the basis of gender identity or sexual orientation
- Physical violence** - the use of force or inciting others to use force to cause physical injury
- Pornographic material** - possession of or sharing (including electronic images)
- Sexual harassment**
- Sexual violence**
- Social bullying**
 - Harassment or bullying on the basis of disability
 - Harassment or bullying on the basis of race, colour, or national origin
 - Harassment or bullying on the basis of gender identity or sexual orientation
- Theft**
- Tobacco use**
- Uttering death threats**
- Uttering threats**
- Vandalism** - causing damage to school property and on school property
- Verbal bullying**
 - Harassment or bullying on the basis of disability
 - Harassment or bullying on the basis of race, colour, or national origin
 - Harassment or bullying on the basis of gender identity or sexual orientation
- Weapons** - a weapon is any object used, designed to be used, or intended to be used to cause injury or death, or to threaten or intimidate a person

Educator Comments:

(500 characters)

Educator Signature: _____

ACTION TAKEN BY: **TEACHER**
 ADMINISTRATION

<p>Location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assembly <input type="checkbox"/> Bus <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Co-Curricular Activity <input type="checkbox"/> Common Area <input type="checkbox"/> Computer Lab <input type="checkbox"/> Extra-Curricular Activity <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Off-site <input type="checkbox"/> Parking Lot <input type="checkbox"/> School Grounds / Play ground <input type="checkbox"/> Science Lab <input type="checkbox"/> Skilled Trades Area <input type="checkbox"/> Theatre / Auditorium <input type="checkbox"/> Washroom <input type="checkbox"/> Other: _____ <p>INTERVENTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attendance Contract <input type="checkbox"/> Behaviour contract <input type="checkbox"/> Consultation with District Office <ul style="list-style-type: none"> <input type="checkbox"/> Director of Education Support Services <input type="checkbox"/> Senior Education Officer <input type="checkbox"/> Superintendent <input type="checkbox"/> Consultation with Education Support Services Staff at Ed. Centre <input type="checkbox"/> Parent contact <ul style="list-style-type: none"> <input type="checkbox"/> by email <input type="checkbox"/> by home visit <input type="checkbox"/> by letter <input type="checkbox"/> by meeting <input type="checkbox"/> by phone <input type="checkbox"/> Referral to Child and Youth Team <input type="checkbox"/> Referral to District Education Support Services Team (DESST) <input type="checkbox"/> Referral to School Education Support Services Team (ESST) 	<p>INTERVENTION (cont'd)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral to Outside Support <ul style="list-style-type: none"> <input type="checkbox"/> Addictions <input type="checkbox"/> Complex Case Team <input type="checkbox"/> Mental Health <input type="checkbox"/> Police <input type="checkbox"/> Public Health <input type="checkbox"/> Social Development <input type="checkbox"/> Youth treatment programs (e.g. Pierre Caissie / CAPU / Portage) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Student met with <ul style="list-style-type: none"> <input type="checkbox"/> Guidance counsellor <input type="checkbox"/> Mentor <input type="checkbox"/> Principal <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychometrist <input type="checkbox"/> Resident Psychologist <input type="checkbox"/> School intervention worker <input type="checkbox"/> School Social Worker <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Vice-principal <input type="checkbox"/> Team meeting / Case Conference <ul style="list-style-type: none"> <input type="checkbox"/> Action Plan Developed <input type="checkbox"/> Conflict resolution / mediation <input type="checkbox"/> PLP / Individual Behaviour Plan Developed (IBSP) <input type="checkbox"/> Other: _____ 	<p>CONSEQUENCES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Detention <ul style="list-style-type: none"> <input type="checkbox"/> After school <input type="checkbox"/> Lunch <input type="checkbox"/> Recess <input type="checkbox"/> Loss of privilege – (Describe) <input type="checkbox"/> Restitution <input type="checkbox"/> Time-out <p>ALTERNATIVE INTERVENTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alternate Placement within the school <input type="checkbox"/> Alternate Placement outside the school <input type="checkbox"/> Mediation / dispute resolution <input type="checkbox"/> Social skills training <input type="checkbox"/> Violent Threat and Risk Assessment <p>SUSPENSIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bus Suspension (specify duration) <ul style="list-style-type: none"> <input type="checkbox"/> 1-5 day(s) <input type="checkbox"/> 6-10 days <input type="checkbox"/> 10+ days <input type="checkbox"/> In-school suspension(specify duration) <input type="checkbox"/> Out of school suspension (specify duration)
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Administration Comments:

(500 characters)

Administrator Signature: _____