Carter G. Woodson Middle School Conduct Form

Student Name: __________________________________________ Date: __________________________

Referring Staff: __________________________ Circle Student Grade Level: 6 7 8

Location of Student Behavior: Classroom___ Halls___ Media Center/Multipurpose Room___
Office/Clinic___ Cafeteria___ Bathroom___ Gym/Locker Room___ Special Event/Field Trip___ Science
Lab___ Computer Labs___ Bus Area___ School Grounds___ Closets___

Challenging Behaviors (Please check)

❑ Skipping/Tardy    ❑ Dress Code    ❑ Public Display of Affection
❑ Academic Dishonest ❑ Dressing Out    ❑ Theft/Attempted Theft
❑ Bus Safety    ❑ Fighting    ❑ Threat
❑ Contraband    ❑ Gambling    ❑ Trespassing
❑ DAS, ISD, Teacher Detention Violation    ❑ Harassment/Bullying    ❑ Other/Specify:
❑ Defacing/Damaging School/Personal Property    ❑ Loitering
❑ Disobedience/Disrespect    ❑ Lunchroom Procedures
❑ Public Display of Affection
❑ Profanity/Vulgarity
❑ Other/Specify:

Teacher Interventions

❑ Reminded of school expectations    ❑ Supplied needed materials
❑ Peer Mediation    ❑ Changed instructional approach
❑ Prompted student in what to do    ❑ Gave student responsibility
❑ Changed seat    ❑ Developed specific behavior plan
❑ Provided incentive    ❑ Individualized behavior instruction
❑ Had conference with student
❑ Had conference with guidance counselor
❑ Had conference with student and parent
❑ Moved the student to a smaller class
❑ Telephoned parent
❑ Sent notice home

Teacher Comment(s):
To support (put student’s name here) to (put behavior you want student to do here), I (put instructional strategy or behavior strategy you are using to encourage use of the appropriate behavior here)

************************************************************************TEAR HERE************************************************************************

PARENTS:
Please review and sign this form. Keep the top portion for your records and return comments and signature section below to the school with your child.

Parent comments/suggestions/questions:

Parent Signature:________________________________________ Date: __________________________

Student Name: __________________________________________

White Copy – Team/Department Yellow Copy – Parent Pink Copy - Teacher

HPS/CGW July 2005
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Teacher Comment(s):

To support ___________________________ to ______________________________________________________.

I ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

***********************************************************TEAR HERE***********************************************************

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