

Minor Consequence Tracking Sheet

Name:	Grade:
Homeroom Teacher:	Referring Staff:
Date:	Time:

Location:	<input type="checkbox"/> Arrival/Dismissal <input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Library/ Media Center <input type="checkbox"/> Recess <input type="checkbox"/> Restroom <input type="checkbox"/> Technology <input type="checkbox"/> Other
BEAR Expectation:	<input type="checkbox"/> B e Responsible <input type="checkbox"/> E ncourage Kindness <input type="checkbox"/> A ct Respectfully <input type="checkbox"/> R emember Self-Control
Problem Behavior:	<input type="checkbox"/> Bothering Others <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Hallway Infraction <input type="checkbox"/> Inappropriate Voice Level <input type="checkbox"/> Off Task <input type="checkbox"/> Using Hurtful Words <input type="checkbox"/> Other
Possible Motivators:	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Tasks <input type="checkbox"/> Other

Comments: _____

Student Signature: _____

Staff Signature: _____

White Copy: Office
 Yellow Copy: Student
 Pink Copy: Teacher

Minor Consequence Tracking Sheet

Name:	Grade:
Homeroom Teacher:	Referring Staff:
Date:	Time:

Location:	<input type="checkbox"/> Arrival/Dismissal <input type="checkbox"/> Bus <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Library/ Media Center <input type="checkbox"/> Recess <input type="checkbox"/> Restroom <input type="checkbox"/> Technology <input type="checkbox"/> Other
BEAR Expectation:	<input type="checkbox"/> B e Responsible <input type="checkbox"/> E ncourage Kindness <input type="checkbox"/> A ct Respectfully <input type="checkbox"/> R emember Self-Control
Problem Behavior:	<input type="checkbox"/> Bothering Others <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Hallway Infraction <input type="checkbox"/> Inappropriate Voice Level <input type="checkbox"/> Off Task <input type="checkbox"/> Using Hurtful Words <input type="checkbox"/> Other
Possible Motivators:	<input type="checkbox"/> Obtain Peer Attention <input type="checkbox"/> Obtain Adult Attention <input type="checkbox"/> Obtain Items/Activities <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adults <input type="checkbox"/> Avoid Tasks <input type="checkbox"/> Other

Comments: _____

Student Signature: _____

Staff Signature: _____

White Copy: Office
 Yellow Copy: Student
 Pink Copy: Teacher