

# Bus Violation Report

Bus Phone: 753-1444

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Building/Grade: \_\_\_\_\_

Referring Staff: \_\_\_\_\_

## Location

- Bus Stop
- Entering Bus
- Exiting Bus
- During Transportation

Problem Behavior	Motivators	Consequences
<input type="checkbox"/> Abusive Language <input type="checkbox"/> Fighting <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Other (See Comments)	<input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid peer(s)/Adult	1. <input type="checkbox"/> Warning 2. <input type="checkbox"/> 1 day suspension 3. <input type="checkbox"/> 3 days suspension 4. <input type="checkbox"/> 5 days suspension 5. <input type="checkbox"/> Suspension for remainder of school year

Others involved in the incident  Peers  Staff  Teacher  Substitute  Other  Driver  None

Comments: \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

White - Parent    Yellow - Office    Pink - Teacher    Goldenrod - Opposite Driver

**\*You must sign and return this prior to your child returning to the bus.**

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