

# INCIDENT/ REFERRAL/ SWIS REPORT

Student name \_\_\_\_\_ Grade \_\_\_\_ Classroom teacher \_\_\_\_\_

Reporting staff \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Time of incident \_\_\_\_\_

- Classroom managed** (Incident captured in SWIS data system only)  
 **Administration managed\*** (School administrator notified and behavior incident included in student file)

*\*Notify administration when any of the following occurs due to student behavior*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Physical intervention required (complete a BER report instead)</li> <li>• Call to law enforcement (complete a BER report instead)</li> <li>• Suspension (in-school or out of school)</li> <li>• Elopement off school property</li> </ul> | <ul style="list-style-type: none"> <li>• Unsafe situation and/or injury to the student or others</li> <li>• Student is involuntarily separated from peers for more than 60 minutes</li> <li>• Property destruction</li> </ul> |
|---|---|

**For each category below, check all applicable and CIRCLE the most important – *only one can be entered in SWIS***

LOCATION			OTHERS INVOLVED	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Culinary	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Teacher	<input type="checkbox"/> None
<input type="checkbox"/> Hallway	<input type="checkbox"/> Weight room	<input type="checkbox"/> Off campus	<input type="checkbox"/> Peers	<input type="checkbox"/> Unknown
<input type="checkbox"/> Playground	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Unknown	<input type="checkbox"/> Staff	<input type="checkbox"/> Other
<input type="checkbox"/> Office	<input type="checkbox"/> Bus	<input type="checkbox"/> Other _____	<input type="checkbox"/> Substitute	
<input type="checkbox"/> Gym	<input type="checkbox"/> Parking lot			

PERCEIVED MOTIVATION		
<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Avoid adult attention	<input type="checkbox"/> Unknown
<input type="checkbox"/> Obtain adult attention	<input type="checkbox"/> Obtain a preferred item or activity	<input type="checkbox"/> Other _____
<input type="checkbox"/> Avoid peer attention	<input type="checkbox"/> Avoid a task or activity	

STUDENT BEHAVIOR		ACTION TAKEN	
<input type="checkbox"/> Defiance	<input type="checkbox"/> Fighting	<input type="checkbox"/> Restorative practice	<input type="checkbox"/> Detention
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Property misuse	<input type="checkbox"/> Loss of privilege	<input type="checkbox"/> In-school suspension
<input type="checkbox"/> Inappropriate or abusive language	<input type="checkbox"/> Property damage	<input type="checkbox"/> Restitution	<input type="checkbox"/> Out-of-school suspension
<input type="checkbox"/> Disruption	<input type="checkbox"/> Theft	<input type="checkbox"/> Time out/ Classroom exclusion	<input type="checkbox"/> Bus suspension
<input type="checkbox"/> Technology violation	<input type="checkbox"/> Tardy	<input type="checkbox"/> Support room** (see below)	<input type="checkbox"/> Action pending
<input type="checkbox"/> Inappropriate display of affection	<input type="checkbox"/> Out of area/elopement	<input type="checkbox"/> Alternative placement	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bullying	<input type="checkbox"/> Use/possession of nicotine	<input type="checkbox"/> Conference with student	
<input type="checkbox"/> Harassment	<input type="checkbox"/> Use/possession of alcohol	<input type="checkbox"/> Caregiver contact	
<input type="checkbox"/> Threatening behavior	<input type="checkbox"/> Use/possession of restricted substances		
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Use/possession of weapons		
	<input type="checkbox"/> Other behavior not listed		

ADMINISTRATION MANAGED INCIDENTS ONLY:	
Describe the incident	
Support room use (if applicable)	
Time in: _____ Time out: _____ Name of staff present with student: _____	
Teacher signature _____ Date ___/___/___	
Administrative reviewer _____ Date ___/___/___ <input type="checkbox"/> Incident Report <input type="checkbox"/> Referral	