## **Behavior Incident Report**

Name:	DOB:	Synergy ID:	
Date of Incident:	Time of Incident:	Location of Incident:	
IEP? Yes No	If Yes – Referred to IEP Team?	One Time Event? Yes No	Discipline Referral Completed?
504? Yes No	If Yes – Referred to 504 Team?	Pattern of Events? Yes No	Yes No

Describe Incident:
Discussion Notes:
DISPOSITION:
Teacher Led Plan
Safety Plan
<ul> <li>Functional Behavior Assessment/Behavior Support Plan</li> </ul>
Threat Assessment
Suicide Screening

## **NEXT STEPS:**

STEP	Person Responsible	Follow up date:

• Other: \_\_\_\_\_

## **PROCESS STEPS:**

- Teacher Complete Behavior Incident Report
- Principal/Teacher Review Behavior Incident Report
- Principal/Teacher Determine Disposition
- Copies to:
  - o Teacher
  - o Principal
  - District
- Behavior Response Committee Review Behavior Incident Report Data