



# CUSD Low Level Intervention Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>1st Incident</b>	<b>Date:</b>	<b>Time:</b>
<b>Location</b>	<b>Problem Behavior</b>	<b>Staff Intervention Administered</b>
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE Area <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Following Instructions</i> <input type="checkbox"/> <i>Staying on Task</i> <input type="checkbox"/> <i>Getting Teacher's Attention</i> <input type="checkbox"/> <i>Accepting "No" for an Answer</i> <input type="checkbox"/> <i>Accepting Criticism/Feedback</i> <input type="checkbox"/> <i>Disagreeing Appropriately</i> <input type="checkbox"/> <i>Working with Others</i> <input type="checkbox"/> Property misuse <input type="checkbox"/> Inappropriate language <input type="checkbox"/> <i>Other</i> _____	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Re-taught/practiced the behavior skill   class   group <input type="checkbox"/> Identified environmental factors <input type="checkbox"/> Utilized pre-correction techniques <input type="checkbox"/> Established a behavioral cue/prompt <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Reviewed common assessment data <input type="checkbox"/> Contacted parent: ___/___/___   phone call   copy sent <input type="checkbox"/>

<b>2nd Incident</b>	<b>Date:</b>	<b>Time:</b>
<b>Location</b>	<b>Problem Behavior</b>	<b>Staff Intervention Administered</b>
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE Area <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Following Instructions</i> <input type="checkbox"/> <i>Staying on Task</i> <input type="checkbox"/> <i>Getting Teacher's Attention</i> <input type="checkbox"/> <i>Accepting "No" for an Answer</i> <input type="checkbox"/> <i>Accepting Criticism/Feedback</i> <input type="checkbox"/> <i>Disagreeing Appropriately</i> <input type="checkbox"/> <i>Working with Others</i> <input type="checkbox"/> Property misuse <input type="checkbox"/> Inappropriate language <input type="checkbox"/> <i>Other</i> _____	<input type="checkbox"/> Clarified how behavior did not meet expectations <input type="checkbox"/> Re-taught/practiced the behavior skill   class   group <input type="checkbox"/> Identified environmental factors <input type="checkbox"/> Utilized pre-correction techniques <input type="checkbox"/> Established a behavioral cue/prompt <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Reviewed common assessment data <input type="checkbox"/> Contacted parent: ___/___/___   phone call   copy sent <input type="checkbox"/> Other _____

<b>3rd Incident</b>	<b>Date:</b>	<b>Time:</b>
<b>Location</b>	<b>Problem Behavior</b>	<b>Staff Intervention Administered</b>
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE Area <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Following Instructions</i> <input type="checkbox"/> <i>Staying on Task</i> <input type="checkbox"/> <i>Getting Teacher's Attention</i> <input type="checkbox"/> <i>Accepting "No" for an Answer</i> <input type="checkbox"/> <i>Accepting Criticism/Feedback</i> <input type="checkbox"/> <i>Disagreeing Appropriately</i> <input type="checkbox"/> <i>Working with Others</i> <input type="checkbox"/> Property misuse <input type="checkbox"/> Inappropriate language <input type="checkbox"/> <i>Other</i> _____	<input type="checkbox"/> Re-taught/practiced the behavior skill (one-on-one) <input type="checkbox"/> Modified environment based on identified predictors <input type="checkbox"/> Identified the possible function of the misbehavior <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Reviewed discipline data for patterns and trends <input type="checkbox"/> Met with team/student to identify additional supports <input type="checkbox"/> Collaborated with:   team   counselor   admin <input type="checkbox"/> Met with parent: ___/___/___   school   home <input type="checkbox"/> Other _____

<b>4th Incident</b>	<b>Date:</b>	<b>Time:</b>
<b>Location</b>	<b>Problem Behavior</b>	<b>Staff Intervention Administered</b>
<input type="checkbox"/> Classroom <input type="checkbox"/> Quad/Playground <input type="checkbox"/> Office <input type="checkbox"/> Hallway <input type="checkbox"/> Restrooms <input type="checkbox"/> Lunch area <input type="checkbox"/> PE Area <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Following Instructions</i> <input type="checkbox"/> <i>Staying on Task</i> <input type="checkbox"/> <i>Getting Teacher's Attention</i> <input type="checkbox"/> <i>Accepting "No" for an Answer</i> <input type="checkbox"/> <i>Accepting Criticism/Feedback</i> <input type="checkbox"/> <i>Disagreeing Appropriately</i> <input type="checkbox"/> <i>Working with Others</i> <input type="checkbox"/> Property misuse <input type="checkbox"/> Inappropriate language <input type="checkbox"/> <i>Other</i> _____	<input type="checkbox"/> Re-taught/practiced the behavior skill (one-on-one) <input type="checkbox"/> Modified environment based on identified predictors <input type="checkbox"/> Identified the possible function of the misbehavior <input type="checkbox"/> Provided a structured choice <input type="checkbox"/> Reviewed discipline data for patterns and trends <input type="checkbox"/> Met with team/student to identify additional supports <input type="checkbox"/> Collaborated with:   team   counselor   admin <input type="checkbox"/> Met with parent: ___/___/___   school   home <input type="checkbox"/> Other _____

**5th Incident — See attached Office Referral Form**

White: Teacher Copy      Green: Office

Yellow: Guardian-Offense #2    Pink: Guardian-Offense #3    Goldenrod: Guardian-Offense #4