

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**Positive Behavior Support**  
**Elementary Minor Infraction Report**      **Lakeview Elementary**

Student Name (Last, First, Middle Initial)	ID#	Grade	Date	Time	Referring Teacher	HR Teacher
<b>MINOR INFRACTION 1</b>	Incident Location: _____		Possible Motivation: <input checked="" type="checkbox"/> all that apply			
	Incident Type: <input checked="" type="checkbox"/> all that apply		<input type="checkbox"/> 1. Avoid Adult <input type="checkbox"/> 5. Obtain Adult Attention <input type="checkbox"/> 2. Avoid Peers <input type="checkbox"/> 6. Obtain Items/Activities <input type="checkbox"/> 3. Avoid Task/Activity <input type="checkbox"/> 7. Obtain Peer Attention <input type="checkbox"/> 4. Don't Know <input type="checkbox"/> 8. Other: _____			
	<input type="checkbox"/> 1. Inappropriate Language <input type="checkbox"/> 5. Disruption <input type="checkbox"/> 2. Physical Contact <input type="checkbox"/> 6. Property Misuse <input type="checkbox"/> 3. Defiance/Disrespect <input type="checkbox"/> 7. Other: _____ <input type="checkbox"/> 4. Non-Compliance		Expectation Violated: <input checked="" type="checkbox"/> all that apply			
	Incident Description: _____		<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Problem Solver			
Intervention: <input checked="" type="checkbox"/> all that apply to this specific minor infraction						
<input type="checkbox"/> 1. Re-teach Expectation <input type="checkbox"/> 6. Parent Conference <input type="checkbox"/> 11. Other: _____ <input type="checkbox"/> 2. Seating Change <input type="checkbox"/> 7. Loss of Class Privilege <input type="checkbox"/> 3. Time Out/Think Time <input type="checkbox"/> 8. Refer to Guidance <input type="checkbox"/> 4. Written Notification to Parent <input type="checkbox"/> 9. Student Contract <input type="checkbox"/> 5. Phone Call to Parent <input type="checkbox"/> 10. Student conference						
<b>MINOR INFRACTION 2</b>	Date _____		Time _____		Referring Teacher _____	
	Incident Location: _____		Possible Motivation: <input checked="" type="checkbox"/> all that apply			
	Incident Type: <input checked="" type="checkbox"/> all that apply		<input type="checkbox"/> 1. Avoid Adult <input type="checkbox"/> 5. Obtain Adult Attention <input type="checkbox"/> 2. Avoid Peers <input type="checkbox"/> 6. Obtain Items/Activities <input type="checkbox"/> 3. Avoid Task/Activity <input type="checkbox"/> 7. Obtain Peer Attention <input type="checkbox"/> 4. Don't Know <input type="checkbox"/> 8. Other: _____			
	<input type="checkbox"/> 1. Inappropriate Language <input type="checkbox"/> 5. Disruption <input type="checkbox"/> 2. Physical Contact <input type="checkbox"/> 6. Property Misuse <input type="checkbox"/> 3. Defiance/Disrespect <input type="checkbox"/> 7. Other: _____ <input type="checkbox"/> 4. Non-Compliance		Expectation Violated: <input checked="" type="checkbox"/> all that apply			
Incident Description: _____		<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Problem Solver				
Intervention: <input checked="" type="checkbox"/> all that apply to this specific minor infraction						
<input type="checkbox"/> 1. Re-teach Expectation <input type="checkbox"/> 6. Parent Conference <input type="checkbox"/> 11. Other: _____ <input type="checkbox"/> 2. Seating Change <input type="checkbox"/> 7. Loss of Class Privilege <input type="checkbox"/> 3. Time Out/Think Time <input type="checkbox"/> 8. Refer to Guidance <input type="checkbox"/> 4. Written Notification to Parent <input type="checkbox"/> 9. Student Contract <input type="checkbox"/> 5. Phone Call to Parent <input type="checkbox"/> 10. Student conference						
<b>MINOR INFRACTION 3</b>	Date _____		Time _____		Referring Teacher _____	
	Incident Location: _____		Possible Motivation: <input checked="" type="checkbox"/> all that apply			
	Incident Type: <input checked="" type="checkbox"/> all that apply		<input type="checkbox"/> 1. Avoid Adult <input type="checkbox"/> 5. Obtain Adult Attention <input type="checkbox"/> 2. Avoid Peers <input type="checkbox"/> 6. Obtain Items/Activities <input type="checkbox"/> 3. Avoid Task/Activity <input type="checkbox"/> 7. Obtain Peer Attention <input type="checkbox"/> 4. Don't Know <input type="checkbox"/> 8. Other: _____			
	<input type="checkbox"/> 1. Inappropriate Language <input type="checkbox"/> 5. Disruption <input type="checkbox"/> 2. Physical Contact <input type="checkbox"/> 6. Property Misuse <input type="checkbox"/> 3. Defiance/Disrespect <input type="checkbox"/> 7. Other: _____ <input type="checkbox"/> 4. Non-Compliance		Expectation Violated: <input checked="" type="checkbox"/> all that apply			
Incident Description: _____		<input type="checkbox"/> Respectful <input type="checkbox"/> Responsible <input type="checkbox"/> Problem Solver				
Intervention: <input checked="" type="checkbox"/> all that apply to this specific minor infraction						
<input type="checkbox"/> 1. Re-teach Expectation <input type="checkbox"/> 6. Parent Conference <input type="checkbox"/> 11. Other: _____ <input type="checkbox"/> 2. Seating Change <input type="checkbox"/> 7. Loss of Class Privilege <input type="checkbox"/> 3. Time Out/Think Time <input type="checkbox"/> 8. Refer to Guidance <input type="checkbox"/> 4. Written Notification to Parent <input type="checkbox"/> 9. Student Contract <input type="checkbox"/> 5. Phone Call to Parent <input type="checkbox"/> 10. Student conference						

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_