

# Trojan Pride Fix-It Form

<b>Student:</b> _____  <b>Date:</b> _____ <b>Time:</b> _____  <b>Teacher:</b> _____  <b>Grade:</b> K    1    2    3    4    5  <b>Referring Staff:</b> _____		<b>Location</b> <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Cafeteria <input type="checkbox"/> Bathroom <input type="checkbox"/> Library <input type="checkbox"/> Sinks <input type="checkbox"/> Outside <input type="checkbox"/> Other: _____
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Minor Problem Behavior	Major Problem Behavior	Possible Motivation
<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Electronics Violation <input type="checkbox"/> Physical Contact <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Property Misuse <input type="checkbox"/> Dress Code <input type="checkbox"/> Disruptive <input type="checkbox"/> Other _____	<input type="checkbox"/> Defiance <input type="checkbox"/> Disrespect <input type="checkbox"/> Electronics Violation <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Abusive Language <input type="checkbox"/> Harassment <input type="checkbox"/> Fighting <input type="checkbox"/> Property Damage <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Chronic Minor Problem Behavior <input type="checkbox"/> Other _____	<b>To Get:</b> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity  <b>To Avoid:</b> <input type="checkbox"/> Peer Attention <input type="checkbox"/> Adult Attention <input type="checkbox"/> Item/Activity

<b>Others Involved in Incident:</b>	<input type="checkbox"/> None <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown <input type="checkbox"/> Peers <input type="checkbox"/> Other _____
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**Details:** \_\_\_\_\_  
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Action Taken	
Instructional Space	Office
<input type="checkbox"/> Time Out with Teacher <input type="checkbox"/> Conference with Student <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> Contact Parent/Guardian <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> Other _____	<input type="checkbox"/> Time Out in Office <input type="checkbox"/> Conference with Student <input type="checkbox"/> In-School Suspension (_____ hours) <input type="checkbox"/> Sent Home for Day <input type="checkbox"/> Out of School Suspension (_____ days) <input type="checkbox"/> Contact Parent/Guardian

Follow Up Agreement (Optional)				
<b>What Core Value did you break?</b>	<input type="checkbox"/> Commitment	<input type="checkbox"/> Community	<input type="checkbox"/> Curiosity	<input type="checkbox"/> Compassion
<b>What will you do differently next time?</b> (Continue on back as needed.) _____ _____ _____ _____				

<b>Student Signature</b> _____	<b>Staff Signature</b> _____	<b>Parent Signature</b> _____
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