Exclusionary Discipline Incident Report IEP yes/no

Child’s name, age, gender, race: Classroom: Teacher Person reporting Date Time

Child was (circle one): Expelled Suspended

Describe the trigger (check list option and/or describe):

\_\_\_ Adult request/redirection

\_\_\_ Unstructured play

\_\_\_ Peer provoked

\_\_\_ Difficult task

\_\_\_ Adult not in close proximity

\_\_\_ No peer attention

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the initial behavior and any further escalation (check list option and/or describe):

**Externalizing**

\_\_\_ Physical aggression

\_\_\_ Inappropriate language

\_\_\_ Property destruction

**Internalizing**

**\_\_\_** Crying, Whining throughout an activity

**\_\_\_** Isolated play after prompt to join others

**Non-compliance**

\_\_\_ Refusals

\_\_\_ Disruption of learning

\_\_\_ Self-abuse/stimulation

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this behavior a repeat of another incident?:

Why is this a problem?:

How was the situation de-escalated?:

What, if any consequences given at the time of the incident?:

Follow-up with the child:

Describe decision to use exclusionary discipline:

**Parent contacted: In person By telephone**

Parent response: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**