



Our Lady of Victory Catholic School Behavior Rubric Reporting Form



Student Name: _____ Date: _____ Time: _____

Referring Adult: _____ Grade/Teacher: _____

Where the Behavior Occurred:
 Classroom Hallway Bathroom Recess
 Lunchroom Arrival/Departure Other _____
 Witnessed by Staff Reported by Student(s)

Please check the appropriate box and circle all behaviors witnessed/reported:
 Minor/Non-Aggressive Behaviors
Uniform; tardiness; inappropriate gum/candy use; improper use of electronic devices at any time
 Cheating
Copying another student's work; plagiarism from any source; talking about tests or quizzes with students who haven't yet taken the assessment; "working together" on an individual assignment; forgery
 Level 1: Horseplay
"Goofing around" or "playing that may include pushing, shoving, grabbing, jumping on, rude gestures, or name calling/teasing including "just kidding" and "no offense but..." putdowns
 Level 2: Non-Christian behaviors/Disrespect toward others and teasing
Name calling, taunting, ridiculing, insulting remarks, spreading rumors, directed profanity, or other behavior that would hurt others' feelings, written or spoken, including words in cyberspace, inappropriate behavior in church or during assemblies
 Level 3: Physical Contact
 Physical contact- pushing/shoving/hitting/slapping/kicking/grabbing/pinching/tripping/spitting/throwing objects with intent to harm
 Stealing/Damaging property belonging to others
 Retaliation toward someone reporting/false reporting of aggressive behavior
 Level 4: Severe Physical Contact/Severe Intimidation/Harassment
 Severe Physical Contact: punching/fighting/biting
 Racial, ethnic, sexual name calling
 Severe harassment or behavior that may injure self or others
 Possession of weapons, explosives, severe threats

Comments: (please be specific)

For Office Use Only

____ 1st Incident _____ 2nd Incident _____ 3rd Incident _____ 4th Incident

Consequences:
 Zero on assignment
 Redo assignment
 15 second intervention
 Student calls parent in administrator's office
 Time to Think Reflection Form completed
 Written apology/face-to-face apology
 Silent supervised lunch/recess
____ 1 day ____ 2 days ____ 3 days ____ 4 days
 Conference with parent(s)
 In School Suspension
____ 1/2 day ____ 1 day ____ 2 days ____ 3 days
 Out of School Suspension
____ 1 day ____ 2 days ____ 3 days ____ 4 days

Staff Signature _____
Principal Signature _____
Parent Signature(s) _____

If a student repeats a behavior four times within one semester, an individual behavior plan/action plan will be developed. While the specifics of the plan may vary from student to student, the expectation for behavior will be consistent with the standards for ALL students.