SOAR Coalition Data Tracking 2022-2023 (minor)

This form should be completed after you have addressed the behavior and processed with the student.

⁺ Re	quired
۱.	Email *
2.	Student Name *
3.	Demographics *
	Mark only one oval.
	sped
	504
	gen. ed
	unsure

4.	Grade Level *
	Mark only one oval.
	Kindergarten
	First
	Second
	Third
	Fourth
5.	Date of Incident *
	Example: January 7, 2019
6.	Time of Incident *
	Example: 8:30 AM
7.	Staff Member Making the Referral *
8.	Student's Classroom Teacher *

9.	Where Did the Incident Take Place *
	Mark only one oval.
	Classroom Hallway Playground Eagle Cafe Buddy Room Bathroom Community Time Walker/Biker Dismissal
	Bus Dismissal
	Car Line Dismissal
	Office
10.	After discussing with the student, indicate the possible motivation for the incident * Check all that apply. To Gain Attention (of adults or peers) Avoidance (of work or authority) Obtain Something Wanting Control Academic Task Unstructured Task Compliance Task Transition
11.	If other, please describe

12.	Which Essential Standard Needs to be Retaught? (Does not have to coincide with * student's current grade)
	Check all that apply.
	K-I can express my feelings safely K-I can identify and follow classroom and school routines 1-I can recognize when I have strong feelings 1-I can use strategies to calm down 1-I can recognize when others have strong feelings 2-I can control my body by using KAHFOOTY when expressing my feelings 2-I value others' feelings by understanding how my action affect them 3-I can take responsibility for my words and actions, recognizing my actions impact others. Repair the harm. 3-I can follow steps to solve problems with peers. 4-I can take responsibility for my actions. 4-I can understand other people's perspectives.
13.	Briefly Describe the Incident (please include before, during, and after) *
14.	Intervention Administered (check all that apply) * Check all that apply.
	Retaught the expectation Think Sheet which was discussed with student
	Sent to a Buddy Room for a break
	Loss of Privilege
	Conferred with Principal/Counselor
	Completed a student contract, behavior map, or other tool
	Conferred with other teachers who interact with the student Take 5

Parent Contact (please chec	ck all that apply). *
Check all that apply.	
Face-to-Face Conversation	l
Phone Call	
Note Home/E-mail	
Text (through School Statu	
Teacher will make contact	
	ke contact with the parent yet.
Parent has not been respo	nsive to contact
Other:	
f other, please describe	

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