



维中中文学校
Central Virginia Chinese School

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Exhibit I

CVCS BEHAVIOR INCIDENT REPORT FORM

(Version 1.0)

(Please complete and email this Form to the above email address.)

Student's Full Name: _____ Grade: _____ Classroom #: _____

Teacher: _____ Witness(es): _____

Parent On Duty: _____ Board Member On Duty: _____

Date: _____

Incident Category:

- | | |
|---|---|
| 1) Refusing to work _____ | 8) Destroying property _____ |
| 2) Throwing items _____ | 9) Talking about permission _____ |
| 3) Disrupting with noises _____ | 10) Using inappropriate language _____ |
| 4) Teasing Classmates _____ | 11) Refusing to follow directions _____ |
| 5) Moving out of assigned area _____ | 12) Making inappropriate gestures _____ |
| 6) Sleeping _____ | 13) Using Physical aggression _____ |
| 7) Employing excessive and inappropriate
Attention-seeking behaviors | 14) Other _____
Please specify _____ |

Supporting Details:

Actions Taken:

Outcomes:

OFFICE USE ONLY:

Reviewed by Board Member: _____ Date: _____

Date Filed: _____ Sent to Insurance Company: _____ Legal Action: _____