

CORPORAL PUNISHMENT INCIDENCE CHECKLIST

Directions: This form is to be used by schools to document the details of each instance of the administration of corporal punishment as a disciplinary measure.

School Name _____ District Name _____ Date _____

Name of Student _____ Age _____ Grade _____ Gender: Male Female

Ethnic Origin of Student American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or other Pacific Islander Hispanic White

Date of Incident _____ Location of Incident _____ Time of Incident _____

Describe the incident that resulted in the administration of corporal punishment:

Names of teacher(s) and/or school employee(s) who witnessed the student's misbehavior:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Number of disciplinary infractions committed by student prior to receiving corporal punishment: One Two Three Four Five or More

Behavioral Supports provided to the student prior to the use of corporal punishment (check all that apply):		
<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Teacher Conference with Student/Parent/Guardian <input type="checkbox"/> Counselor Conference with Student/Parent/Guardian <input type="checkbox"/> Administrator Conference with Student/Parent/Guardian	<input type="checkbox"/> Assignment of Behavior Modification <input type="checkbox"/> Telephone Call or Note to Parent/Guardian <input type="checkbox"/> Loss of Privileges <input type="checkbox"/> After school detention <input type="checkbox"/> Saturday Suspension	<input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-school suspension <input type="checkbox"/> Alternative School Placement <input type="checkbox"/> Other _____ _____ _____

Name, title, and signature of the individual who administered the corporal punishment:

Name/Title _____ Signature _____

Name and signature of individual(s) who witnessed the corporal punishment:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Administrator Signature _____ **Date** _____