

Behavior Report to the Parents

Date: _____

Name of Child _____

Age _____

Describe the event:

Conflict w/ Others

Hurting Others

Spitting

Disrespecting the Teacher

Destruction of Property

Was Anyone Hurt?

Yes

No

Describe the injury:

Describe the event:

Has this child been involved in other events? Yes No

Date of prior events:

Parents:

Would you like to have a conference with the Director? Yes No

Signatures:

Parent _____

Date _____

Teacher _____

Date _____

Director _____

Date _____