

Playground Report

Name _____
Aide _____ Teacher _____
Grade _____ Where _____
Date _____ Time _____

What happened?

- ☐ In an area that is off limits
- ☐ Did not keeps hands, feet, objects to self
- ☐ Fighting or play fighting
- ☐ Playing in restrooms
- ☐ Did not stop playing when bell rang
- ☐ Rude language
- ☐ Running
- ☐ Throwing rocks or sand
- ☐ Disrespect
- ☐ Other _____

Suggested Consequence:

- ☐ Office referral
- ☐ Note home
- ☐ Walk field
- ☐ Other _____

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Suggested Consequence:

- ☐ Off ice referral
- ☐ Note home
- ☐ Walk field
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