"I'm Concerned" Report Form ~ Primary Grades

A Form for Assisting Primary Students in Reporting Concerns about Negative Social Behaviors

Today's Date:_____ Name of Student reporting (optional) _____

Name of Adult helping to complete this report (if applicable) _____

Who are the people involved?

_____

_____

What happened?

____Name calling
____Physical damage or injury
____to property
____to person
____Exclusion from play or activity
____Verbal aggression
____Other _____

When did it happen?

____Before school
____ Recess
____During class
____During Lunch
____After School
____ Other _____

Where did it happen?

_____On the bus
_____In the classroom
_____On the playground
_____In the ramada
_____Other _____

How many times has this happened?

____1 time
____ 2-3 times
____ 4 or more times

Who else saw or heard what happened?

_____

_____

Who else has been told about this?

_____

_____

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FOR OFFICE USE ONLY

Date Intervention Signature

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