

CORPORAL PUNISHMENT REPORT

(Make a separate report for each student)

PREPARE IN DUPLICATE - 1 copy each to principal and Superintendent

Name of student \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Place punishment occurred: \_\_\_\_\_

Names of adult witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a conference with student's parent?  Yes  No

When? \_\_\_\_\_

What specific follow-up activities and instructions are planned to help this student achieve desired behavior patterns?

\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

[Adoption date: August 6, 1991]

Revised: August 19, 1992  
July 21, 1999