

RC Buckley Elementary School

School-wide Behavior Plan



Care for Self
Care for Others
Care for the Environment

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Lansing Central School District

Purpose Statement



We will inspire our students to be
knowledgeable, responsible,
healthy and compassionate citizens.



Beginning of the Year Expectations

All classrooms are expected to explicitly teach and interactively model (i.e., Looks like, Sounds Like, Feels like) appropriate behaviors for the following common areas:

- ✓ Morning Routine/late arrival procedure
- ✓ Hallways (including stairwells)
- ✓ Bathroom
- ✓ Cafeteria (attention signals: flicking the lights or all-school signal)
- ✓ Bus expectations/procedures
- ✓ Playground zones and line-up procedure
 - Structures: sand box, swings, towers, slides, monkey bars
 - Blacktop area
 - 'Out of Bounds' areas
- ✓ Safety procedures (evacuation/fire drills/lockdown)
- ✓ Dismissal procedures

If you have any questions regarding the common area expectations, please consult this handbook, or ask the building principal.

School-Wide Implementation



Morning Meeting – gathering as a whole class each morning to greet one another, share news, etc. (generally the first 20-30 minutes of the school day)

Positive Teacher Language – using words and tone as a tool to promote children’s active learning, sense of community, and self-discipline

Logical Consequences – responding to misbehavior in a way that allows children to fix and learn from their mistakes while preserving their dignity

Academic Choice – increasing student learning by allowing students teacher-structured choices in their work

Classroom Organization – setting up the physical room in a way that encourages independence, cooperation, and productivity

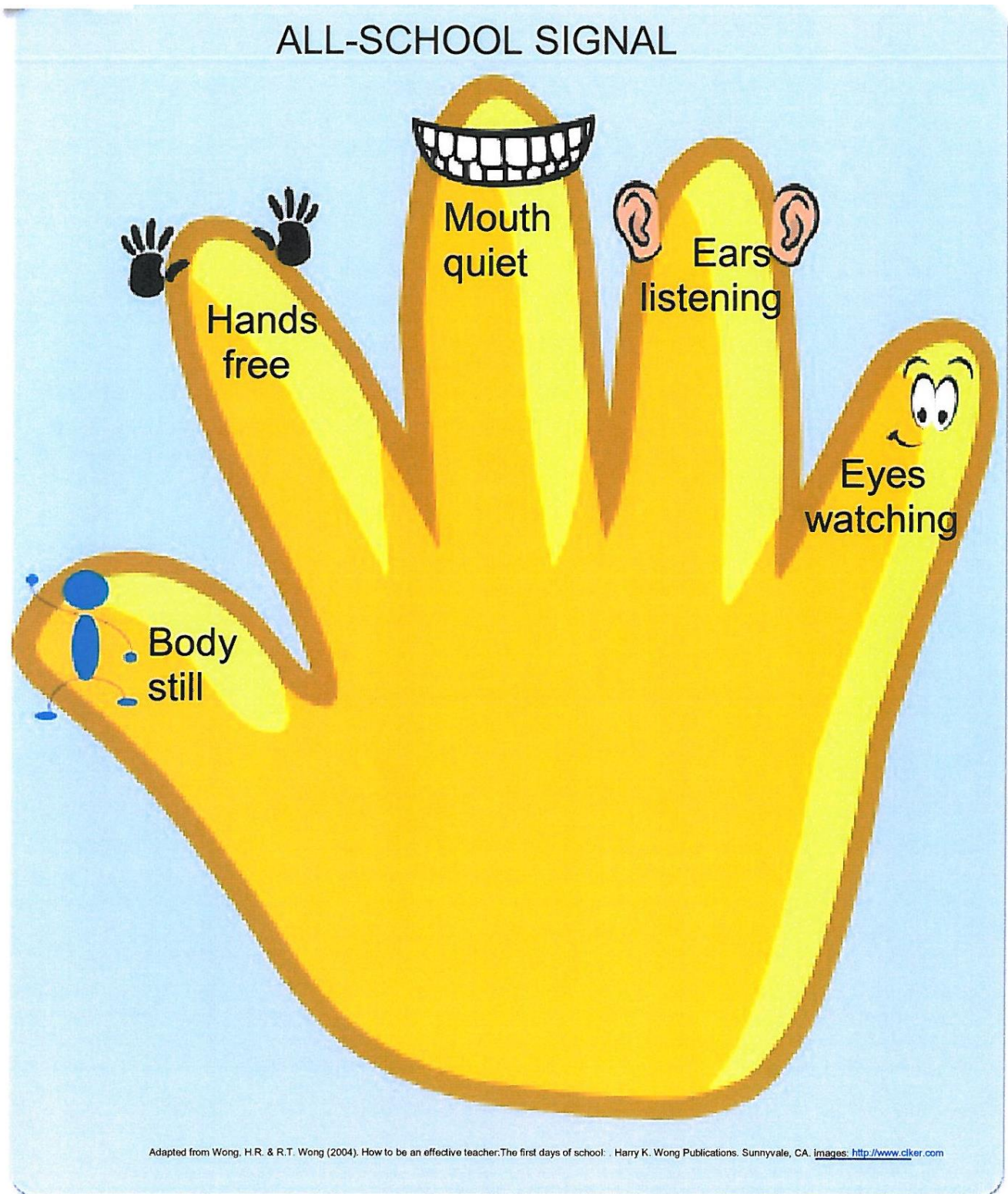
Collaborative Problem Solving – using conferencing, role playing, and other strategies to resolve problems with students

School-Wide Signal – silent, raised open hand = body still, hands free, mouth quiet, ears listening, eyes watching

RTI Team – team members will use classroom referral data to discuss appropriate behavioral interventions for students

School-Wide Hand Signal

One raised hand with fingers outspread. Wait until you have everyone's attention.



Behavioral Expectations



	Care for Self	Care for Others	Care for Environment
Hallways	Get to where you're going without distractions	Walk quietly in the halls	Hands to yourself; don't touch bulletin boards or displays in the hallway
	Maintain body control WALK	Keep space and keep pace with the line Keep to the right on the stairs	Seek help from an adult when needed
Bathroom	Ask permission to go to the bathroom	Respect your own and others' privacy	Use an appropriate amount of toilet paper
	Flush the toilet Wash hands with soap and water	Leave the door open when you are done so others know it is available Leave the bathroom clean for others	Use just enough soap and paper towels as needed Seek help from an adult when needed
Cafeteria	Eat your lunch	Practice good manners	Follow adult instructions
	Stay in your seat Raise your hand if you need something Ask permission to get up or leave cafeteria	Talk quietly with others around you Maintain body control Line up quietly and calmly when lunch is over	Take only what you need Clean up your area Throw away all your trash and compost/recycle
Playground	Use playground equipment correctly	Include others "Can't say that you can't play"	Keep the playground clean
	Follow directions from adults Know and follow the rules of what you are playing Maintain body control	Immediately work problems out fairly, safely, and kindly Line up immediately when your class is called Be respectful	Put all playground materials away when done Seek help from an adult when needed
School Bus	Sit on bottom, face forward, stay in seat, feet on floor, out of aisle	Use quiet voices and kind words	Keep bus clean and pick up your trash
	Listen to your bus driver and other adults	Keep your hands, feet, and body to yourself	Keep aisles clear

Playground Rules



Use the playground equipment as intended

SLIDES

- Go down the slide FEET FIRST while sitting on your bottom (no climbing up, don't go head first, don't go on your belly, etc.)
- ONE person going on the slide at a time
- Check at the bottom of the slide to ensure that it's all clear before going down

SWINGS

- Seated on your bottom only (no knees, bellies, standing, etc.)
- Stay a safe distance from other students who are swinging, don't run/walk in front of or behind someone who is swinging
- Swing front/back, not swing side to side or twisting
- Get off the swing after it has fully stopped, no jumping off

CLIMBING EQUIPMENT

- Always watch out for others before climbing
- Monkey bars are for swinging on by the hands only (no hanging from legs/feet, or climbing on top of them)

TRACK

- For running/walking

SANDBOX

- Sand should remain in the sandbox and on the ground at all times
- Keep sand toys in the sandbox

GENERAL

- Rocks, sticks, sand, woodchips, snow, etc. should remain on the ground unless you are given permission to build/play with them
- No running or chasing on the playground structures
- Leave the ground intact
- No snowballs



Team Sport Rules: Kickball

Bases and pitcher's mound are painted on the playground blacktop.

Teams must be chosen fairly and quickly. Late comers go on the team with fewer players. An adult may help with team selection.

- 3 outs/team
- 3 fouls = out
- Kick from the home plate only
- Kickers maintain and rotate the random order of kicking, whoever gets the last out in the field is the first to kick.
- Line stands against the wall
- No switching teams unless the teams are unequal
- Intentional bunting counts as a foul ball
- Runner gets to take one base on an overthrow
- No head shots

Responding to Student Misbehavior



CLASSROOM MANAGED	OFFICE MANAGED
<ul style="list-style-type: none">DisruptionDisrespectNon-complianceProperty misusePhysical contactInappropriate languageLyingCheatingTheft/possession of stolen propertyLeft supervised areaTrash/litteringName callingBullying	<ul style="list-style-type: none">Fighting/assaultReckless endangerment: <i>engaging in conduct that creates a grave risk of death or serious physical injury</i>HarassmentChronic bullying including intimidationCommitted obscene actWeaponDestruction of propertyTheft/possession of stolen propertyLeft supervised area (missing)

For a *classroom managed* misbehavior:

Implement interventions, notify parents, and document using the TEACHER-HANDLED PROBLEM BEHAVIOR FORM. Retain the completed form in the student's classroom

Allow sufficient time for the interventions to work. If the behavior does not improve, attempt other interventions and allow time for interventions to work (keep data). Document repeated misbehavior with the TEACHER-HANDLED PROBLEM BEHAVIOR FORM.

If minor behaviors occur frequently and 3 TEACHER-HANDLED PROBLEM BEHAVIOR FORMs have been completed, complete an OFFICE REFERRAL FORM and attach all TEACHER-HANDLED PROBLEM BEHAVIOR FORMs.

For an *office managed* misbehavior:

Determine whether you need immediate assistance (e.g., physical aggression, imminent threat of aggression, prolonged tantrum, currently missing student). If you need immediate assistance, contact the office for help.

If you do not need immediate assistance, complete the OFFICE REFERRAL FORM.

The principal or mental health team member will meet with classroom teacher and determine the next steps, which may include an intervention or a consequence.

The principal or mental health team member will contact parents and follow-up with the referring adult.

BEHAVIOR REFERRAL PROCESS



1. **RC BUCKLEY QUICK TICKET** – These forms are ORANGE and are on a ½ sheet of paper.
 - a. These forms will be used by **Encore faculty** and **faculty/staff monitoring cafeteria and/or recess** to report student behaviors that should be brought to the classroom teacher’s attention.
 1. Behaviors that are disruptive, unsafe, or otherwise inappropriate can be noted.
 2. These forms are designed to be quick and easy to complete. They should be handed to the classroom teacher when students are picked up from recess/lunch/encore.
 - b. The classroom teacher will use this data to follow up with the student as needed.
 - c. Completed Quick Tickets should be saved in the classroom wherever teachers keep their student files/records.
 - d. If there happens to be recurring Quick Tickets (3 or more within a short period of time) for a student, the teacher can complete a referral form (choose from one of the two forms described below).
 - e. The goal of this Quick Ticket form is to increase communication among faculty and staff members and to help everyone work together to reinforce school rules and hold students accountable for their actions no matter where they are in on school grounds.

2. **TEACHER-HANDLED PROBLEM BEHAVIOR FORM** – These forms are WHITE with paw prints on the top.
 - a. These forms will be used by **Teachers** to record problem behaviors that are resolved within the classroom, or with the help of the Shared Solutions teacher.
 - b. Completed forms are to be kept in the teacher’s classroom with student records.
 - c. The goal of this Teacher-Handled Problem Behavior form is for teachers to keep a record of problem behaviors in the classroom. Sometimes there are behaviors that haven't reached the office referral level but are still a concern in the classroom. That is the purpose of this form.
 - d. If there is a behavior problem that is recurring in the classroom (3 or more problems of the same nature within a short period of time), the teacher should notify the Shared Solutions teacher or the Principal and complete an Office Referral. (Your completed Teacher-Handled forms will be attached to the office referral form as data.)

3. **OFFICE REFERRAL FORM** – These forms are BLUE.
 - a. These forms will be used by **Teachers and Administrators** to report serious behavior problems that cannot be resolved in the classroom and need to be addressed by the Principal. This includes chronic misbehaviors such as 3 or more Teacher-Handled referrals for the same behavior.
 - b. Completed Office Referral forms need to be given to the Shared Solutions teacher to be input on School Tool and filed into student files.

The goal of this Office Referral form is to report chronic and major behavioral issues. These forms will be addressed and followed up by the Principal, mental health team and/or the Shared Solutions teacher.

RC BUCKLEY QUICK TICKET

STUDENT: _____ GRADE: _____ DATE: _____ TIME: _____

LOCATION: _____ STAFF MEMBER: _____

Problem Behavior	Additional Comments
<input type="radio"/> Non-compliance	<hr/> <hr/> <hr/>
<input type="radio"/> Property misuse	
<input type="radio"/> Physical contact	
<input type="radio"/> Inappropriate language	
<input type="radio"/> Left supervised area	
<input type="radio"/> Other: _____	

PLEASE FILL OUT THE ABOVE INFORMATION AND GIVE THIS TICKET TO THE CLASSROOM TEACHER SO THAT THE TEACHER CAN FOLLOW UP WITH THE STUDENT AS NEEDED.

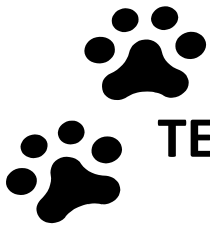
RC BUCKLEY QUICK TICKET

STUDENT: _____ GRADE: _____ DATE: _____ TIME: _____

LOCATION: _____ STAFF MEMBER: _____

Problem Behavior	Additional Comments
<input type="radio"/> Non-compliance	<hr/> <hr/> <hr/>
<input type="radio"/> Property misuse	
<input type="radio"/> Physical contact	
<input type="radio"/> Inappropriate language	
<input type="radio"/> Left supervised area	
<input type="radio"/> Other: _____	

PLEASE FILL OUT THE ABOVE INFORMATION AND GIVE THIS TICKET TO THE CLASSROOM TEACHER SO THAT THE TEACHER CAN FOLLOW UP WITH THE STUDENT AS NEEDED.



TEACHER-HANDLED PROBLEM BEHAVIOR FORM

RC Buckley Elementary School

STUDENT: _____ GRADE: _____ DATE: _____ TIME: _____

LOCATION: _____ TEACHER FILLING OUT REPORT: _____

Problem Behavior	Intervention Administered	Possible Function
<input type="radio"/> Disruption	<input type="radio"/> Taught/re-taught expectations	<input type="radio"/> Get peer attention
<input type="radio"/> Defiance	<input type="radio"/> Taught/role-played appropriate behaviors	<input type="radio"/> Get adult attention
<input type="radio"/> Non-compliance	<input type="radio"/> Interactive modeling	<input type="radio"/> Get/obtain item
<input type="radio"/> Property misuse	<input type="radio"/> Prompted/redirected student	<input type="radio"/> Get/obtain activity
<input type="radio"/> Physical contact	<input type="radio"/> Clarified behavioral expectations	<input type="radio"/> Avoid peer(s)
<input type="radio"/> Inappropriate language	<input type="radio"/> Provided warning(s)	<input type="radio"/> Avoid adult(s)
<input type="radio"/> Lying	<input type="radio"/> Behavior plan/contract	<input type="radio"/> Avoid seat work
<input type="radio"/> Cheating	<input type="radio"/> Provided structured choice	<input type="radio"/> Avoid group work
<input type="radio"/> Theft/possession of stolen property	<input type="radio"/> Collaborated with colleagues	<input type="radio"/> Avoid scheduled event
<input type="radio"/> Left supervised area	<input type="radio"/> Changed environmental factors	<input type="radio"/> Don't know
<input type="radio"/> Trash/littering	<input type="radio"/> Met with/talked to parent	<input type="radio"/> Other: _____
<input type="radio"/> Name calling	<input type="radio"/> Reviewed student data for pattern/trend	_____
<input type="radio"/> Teasing (chronic = bullying)	<input type="radio"/> Had student take a break	
<input type="radio"/> Other: _____	<input type="radio"/> Social conference/facilitated peer mediation	
_____	<input type="radio"/> Parent/caregiver informed (_____) date	
	<input type="radio"/> Other: _____	

DESCRIPTION OF INCIDENT: _____

_____ (use back if necessary)

OTHERS INVOLVED (INCLUDE ALL ADULTS/STUDENTS): _____

DATE OF LAST CAREGIVER CONTACT ____/____/____

WAS THIS BEHAVIOR BIAS RELATED? ___NO ___YES ___NOT SURE HOW DO YOU KNOW? _____

STUDENT: _____ GRADE: _____ DATE: _____ TIME: _____

LOCATION: _____ STAFF MEMBER FILLING OUT REPORT: _____

Problem Behavior	Environmental Factors	Possible Function	Administrative Action Taken
<input type="checkbox"/> Fighting (2+ mutual) <input type="checkbox"/> Assault (1-sided) <input type="checkbox"/> Reckless endangerment <input type="checkbox"/> Left area (missing) <input type="checkbox"/> Threat of physical harm <input type="checkbox"/> Harassment: _____ <input type="checkbox"/> Chronic bullying including intimidation <input type="checkbox"/> Obscene act <input type="checkbox"/> Weapon <input type="checkbox"/> Destruction of property <input type="checkbox"/> Theft/stolen property <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adult request/directive <input type="checkbox"/> Oral instruction <input type="checkbox"/> Individual seat work <input type="checkbox"/> Group work <input type="checkbox"/> Managing materials <input type="checkbox"/> External interruptions (guest, PA, phone) <input type="checkbox"/> Classroom transition <input type="checkbox"/> Teasing from peer <input type="checkbox"/> Change in routine <input type="checkbox"/> Substitute teacher <input type="checkbox"/> Assembly <input type="checkbox"/> Recess/lunch <input type="checkbox"/> Other: _____	<input type="checkbox"/> Get peer attention <input type="checkbox"/> Get adult attention <input type="checkbox"/> Get/obtain item <input type="checkbox"/> Get/obtain activity <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adult(s) <input type="checkbox"/> Avoid seat work <input type="checkbox"/> Avoid group work <input type="checkbox"/> Avoid scheduled event <input type="checkbox"/> Don't know <input type="checkbox"/> Other: _____	<input type="checkbox"/> Problem solving process/re-taught expectations <input type="checkbox"/> Parent contact <input type="checkbox"/> Behavior contract <input type="checkbox"/> Logical consequence: _____ <input type="checkbox"/> Suggestion to refer to RTI team or for SBC <input type="checkbox"/> Lunch detention <input type="checkbox"/> Recess detention <input type="checkbox"/> ISS <input type="checkbox"/> OSS <input type="checkbox"/> Other: _____

DESCRIPTION OF INCIDENT (IF CHRONIC BEHAVIOR, ATTACH 3 TEACHER-HANDLED FORMS ALSO)

 _____ (use back if necessary)

OTHERS INVOLVED (INCLUDE ALL ADULTS/STUDENTS): _____

DATE OF LAST CAREGIVER CONTACT ____/____/____

WAS THIS BEHAVIOR BIAS RELATED? ___ NO ___ YES ___ NOT SURE **HOW DO YOU KNOW?** _____

ADMINISTRATOR SIGNATURE _____ **DATE** _____

REPORT SENT TO PARENT ON ____/____/____ **VADIR REPORT** ____/____/____ **VADIR CODE** _____