

612-808-8868 | transportation@cstmn.org

CONDUCT REPORT

FIRST NAME			LAST NAME			MONTH	DAY	YEAR		
SCHOOL	SCHOOL GRADE AM		MIDDAY	PM	ROUTE		DRIVER NAME			
NOT FOLLOWING DIRECTIONS FALSE IDENTIFICATION										
EATING OR DRINKING						HARASSMENT (SEX, RACE, RELIGION)				
EXCESSIVE MISCHIEF						HEAD OR LIMBS OUT OF THE WINDOW				
EXCESSIVE NOISE						HOLDING OF	LDING ONTO THE EXTERIOR OF THE VEHICLE			
FAILURE TO REMAIN SEATED						OPENING EMERGENCY EXIT				
TEASING (TEASING OR DEMEANING BEHAVIOR					PHYSICAL AGGRESSION OR FIGHTING				
PROFANITY OR VERBAL ABUSE						POSSESSION OR USE OF FLAMMABLES				
RIDING UNASSIGNED BUS						POSSESSION OR USE OF WEAPONS				
SPITTING						THROWING	HROWING OBJECTS IN OR FROM THE VEHICLE			
RIDING AFTER SUSPENSION						OTHER				
VANDALISM TO VEHICLE										
PREVIOUS CORRECTIVE ACTIONS										
TALKED TO STUDENT										
ASSIGNED OR CHANGED ASSIGNED SEAT										
WARNED OF POSSIBLE CONDUCT REPORT										
OTHER:										
URTHER INFORMATION										
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