09.433 AP.2

Corporal Punishment Report Form

Last Name First Name	Middle Initial
Student's Address	
	Zip Code
Student's Age Date of Birth Sex Student's Phone Number 1	mber
School Grade Homeroom Teacher/Classroom	
If permitted by policy, has the student's parent submitted a written request for the	student to be excus
from corporal punishment?	— □ YES —□ NO
If required by policy, was prior written parental permission obtained?	
Has this student received corporal punishment before?	— □ YES —□ NO
Does this student have an IEP or 504 plan?	
If yes, did you review his/her IEP or 504 plan before administering punishment?	
Name of Person administering the punishment	Gender
Person(s) witnessing the punishment	Gender
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Date and Time of Offense Date and Time Corporal Punishment Administered Description of Circumstances/Offenses that Resulted in Administration of	Corporal Punishme
Date and Time Corporal Punishment Administered	
Date and Time Corporal Punishment Administered	
Date and Time Corporal Punishment Administered	— II YES —II NO
Date and Time Corporal Punishment Administered	— TYES — TO NO punishment?
Date and Time Corporal Punishment Administered	— TYES — TO NO punishment?