**Note of Understanding: Behavior Plan**

Dear Mr. or Ms.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter serves as a notification to the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that your son/daughter has, on more than one occasion, caused or contributed to classroom disruption by displaying the following behavior(s):

* Persistent arguing.
* Refusal to follow teacher’s directions and/or classroom expectations.
* Disruptive acts that hinder an orderly and productive learning environment.
* Repeated conflict with his/her peers.

This repeated behavior is disrupting the learning environment of the classroom, the instruction, and the mission and operation of the school.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ met with your son/daughter on \_\_\_\_\_\_\_\_\_\_\_\_ (date) concerning his/her behavior in the classroom to set a clear understanding of future expectations. Although staff have tried positive approaches and a variety of methods to prevent and/or change the disruptive behavior, we now are implementing the following set of procedures for school discipline when your son/daughter displays behaviors that have resulted in the need for this *Classroom Plan:*

|  |  |
| --- | --- |
| **Student Action** | **School Action** |
| 1st violation in a particular class |  |
| 2nd violation in the same class, same day |  |
| \_\_\_\_\_\_\_ amount of violations during \_\_\_\_\_\_ amount of weeks/months/quarters (circle option) |  |

Disclaimer: Any situation may result in school discipline not limited to or specified in this notice of understanding, ranging from a warning to the most severe level of consequence, based on what is warranted for a given set of circumstances.

**I understand this notice regarding my behavior in the classroom and the contents of this letter.**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contacted: \_\_\_\_\_\_Yes \_\_\_\_\_No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_