

IMS PBIS Card

Name: _____

Grade _____

Quarter: 2 Daytime Phone # _____

Second Phone# _____

					Offenses	
1 Teacher: Date: Offense: _____ Warning	2 Teacher: Date: Offense: _____ Warning	3 Teacher: Date: Offense: _____ Parent Contact: _____	4 Teacher: Date: Offense: _____ 3:30 Detention	5 Teacher: Date: Offense: _____ 3:30 Detention	DIS	Minor Disruption
					INS	Insubordination/ Disrespect
					IL	Inappropriate Language
					T	Tardy
6 Teacher: Date: Offense: 4:00 Detention	7 Teacher: Date: Offense: 4:00 Detention	8 Teacher: Date: Offense: Team Conference	9 Teacher: Date: Offense: 6:00 Detention	10 Teacher: Date: Offense: Referral	DV	Device Violation
					GC	Gum/Candy
					OT	Off Task
					UP	Unprepared