



Saint Mary's County Governemnt
Non-Public School Bus Division

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School Bus Behavior Report

STUDENT INFORMATION

Student Name: _____
School: _____ Grade: _____

SCHOOL BUS / DRIVER INFORMATION

Bus Number: _____ Driver Name: _____ Contractor
Contractor Name: _____ Phone Number: _____

VIOLATION INFORMATION

Date / Time of Incident: _____	Contractor Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO
Mark one or more of the following:	<input type="checkbox"/> Profanity <input type="checkbox"/> Fighting <input type="checkbox"/> Damaging the bus <input type="checkbox"/> Harming another student <input type="checkbox"/> Exiting bus at unauthorized location <input type="checkbox"/> Creating a disturbance <input type="checkbox"/> Other
Infraction:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> other

Driver: use the below space to describe the details and events of the violation, and what action was taken

** Attach additional sheets of necessary**

SUMMARY OF CORRECTIONAL ACTION TAKEN BY DISCIPLINIARIAN

Disciplinarian will contact parents of the student(s) concerning this violation, and notify the Transportation Office and the Contractor of the school bus within two (2) working days as to the outcome of this matter.

Suspension to be served: YES NO Dates of Suspension: _____

Driver's Signature: _____ Date: _____

Disciplinarian's Signature: _____ Date: _____

THIS FORM IS TO BE FAXED TO THE TRANSPORTATION OFFICE IMMEDIATELY FOLLOWING THE INCIDENT, AND AFTER CORRECTIVE ACTION HAS BEEN TAKEN.