

# Eileen True, Assistant Supervisor of Transportation

# 55 Major McDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 • Fax (845) 298-5210

 **bus conduct report**

(To be completed by Bus Driver or Bus Monitor and sent to School Administrator)

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| **S T U D E N T I N F O R M A T I O N** |
| **Last Name:**      | **First Name:**       | **Grade:**       | **School:**       | **Bus #:**       |

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| **I N C I D E N T I N F O R M A T I O N** |
| **Date:**  | **Time:**  | **AM** **[ ]  PM** **[ ]**  | **Driver or Monitor Name (print):**  |

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| **DESCRIPTION OF INCIDENT (Be Specific):**  |

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| **CORRECTIVE STEPS TAKEN (Include Dates) PRIOR TO THIS EVENT:**  |

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| **A D M I N I S T R A T I V E D I S P O S I T I O N** |

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| **[ ]**  | **WARNING** |  |
| **[ ]**  | **ASSIGNED SEAT** |  |
| **[ ]**  | **LUNCH DETENTION** |  |
| **[ ]**  | **AFTER-SCHOOL DETENTION** |  |
| **[ ]**  | **PROBATION** |  |
| **[ ]**  | **IN-SCHOOL DETENTION** |  |
| **[ ]**  | **SUSPENSION FROM BUS** |  |
| **[ ]**  | **SUSPENSION FROM SCHOOL** |  |
| **[ ]**  | **OTHER** |  |
| **[ ]**  | **PARENT NOTIFICATION** |  |
| **[ ]**  | **CONFERENCE REQUESTED** | **[ ]  PARENT** | **[ ]  DRIVER** | **[ ]  STUDENT** |

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**Administrator Date**