



Flipside Afterschool Program Student Behavior Form

Student Name: _____

Date of Incident: _____

Flipside Site: _____

Consequence Level: 1 2 3

Please describe the incident:

What are the consequences of this action:

Flipside Staff Signature: _____

Staff, please click "Submit" to email this form to relevant parties. Also provide a hard copy to families and save it for your records.