



P.I.T. Stop



Prevention, Intervention, Turnaround

Name: _____

Date: _____

What happened?

How could you have prevented this (Did you name call or use hands on)?

How did you try to protect yourself (duck, block, run away) ?

How did it end, and how did you get to the P.I.T. stop?

How do you feel about the other person(s), and how can we fix this?

Resolution:

- | | | |
|---|---|---------------------------------------|
| <input type="radio"/> Letter to Parents | <input type="radio"/> Restitution For Damages | <input type="radio"/> Call to Parents |
| <input type="radio"/> Guidance/Counseling | <input type="radio"/> Removal of Privileges | <input type="radio"/> P.W. |
| <input type="radio"/> Time Out | <input type="radio"/> Formal Suspension | <input type="radio"/> In-School |
| <input type="radio"/> Detention | <input type="radio"/> Other: _____ | |

Staff Signature: _____

Parent Signature: _____