

<b>Descriptor Term:</b>  CORPORAL PUNISHMENT	<b>Descriptor:</b> JKA-E	<b>Issued:</b> 11/14/95
	<b>Rescinds:</b>	<b>Issued:</b>

CORPORAL PUNISHMENT CHECKLIST

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Number of Licks \_\_\_\_\_

Nature of Misbehavior \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the student notified of misbehavior? Yes No

Did the student understand the misbehavior? Yes No

Was the student given an opportunity to explain the misbehavior in the presence of the witness? Yes No

Was the student questioned about medical/ physical conditions? Yes No

Is the student under any disability or enrolled in a special education program? If yes, refer to policy. Yes No

Did the student receive warnings or counseling? Yes No

Have you determined that corporal punishment is appropriate and reasonable? Yes No

Person administering the punishment \_\_\_\_\_  
Name - Title

Witness \_\_\_\_\_  
Name - Title