

MUHLENBERG TOWNSHIP PARKS & RECREATION DEPARTMENT

PLAYGROUND DISCIPLINE REPORT

Date: _____ Time of Discipline Problem: _____

Playground Site: _____

Person(s) Administering Behavioral Intervention: _____

Name of Participant Being Disciplined: _____

Address: _____

Male/Female: _____ Age: _____

Phone: Home _____ Work _____

Was family member contacted? Yes No

If yes, Name of family member contacted: _____

Describe Incident: _____

What action was taken to discipline the participant? _____

Was there a witness? If so, who? _____

Was the participant asked to leave the playground premises? Yes No

Where was the other leader during the problem? _____

Leader's Signature _____ Date _____

Playground Supervisor's Signature _____ Date _____