

REPORT ON ADMINISTRATION OF CORPORAL PUNISHMENT

STUDENT'S NAME: _____

GRADE: _____ SCHOOL: _____

REASON: _____

PARENT APPROVAL RECEIVED: YES _____ NO _____

PUNISHMENT ADMINISTERED BY: _____

PUNISHMENT WITNESSED BY: _____

DATE AND TIME ADMINISTERED: _____

WHERE ADMINISTERED: _____

PART OF BODY: _____

COMMENTS: _____

