COOLING OFF FORM

Youth:	Date:
Begin Time:	End Time:

Reason for Cooling Off:

Place of Cooling Off:

15 Minute Check Time:

Behavior:

15 Minute Check Time:

Behavior:

15 Minute Check Time:

Behavior:

15 Minute Check Time:

Behavior:

Result of Cooling Off:

- ☐ Youth returned to normal programming – Time: _____
- ☐ Disciplinary Report filed

Comments:

Staff Signature: _____ Date: _____