NORALA NATIONAL HIGH SCHOOL

Learner Conduct Management System

OFFLINE CASE REPORT

Use this blank form only when the online system is unavailable. Required fields are marked with *.

1 REPORTING PERSONNEL

Reporting teacher's full name *

Enter the name exactly as it should appear in the case report.

Temporary offline reference

Optional, e.g. OFF-2026-001. Not the final case number.

2 LEARNER IDENTIFICATION FOR LATER SYSTEM SELECTION

Learner's full name *

Learner reference number (12 digits) *

Use this to locate the existing learner record. Do not create a duplicate.

Grade level (7-12) *

Section *

Identification note

Optional distinguishing detail; avoid unnecessary personal data.

NO CLASSIFICATION IS REQUIRED FROM THE REPORTING TEACHER. Record only observable facts. Classification, findings, due process and final action are completed later by authorized processing personnel in the system.

3 INCIDENT DETAILS - MATCHING THE ONLINE CASE REPORT

Incident date (YYYY-MM-DD) *

Location *

Example: Room 204

Observed conduct *

Use a short, neutral description. Do not label the learner or classify the incident.

Factual incident narrative *

Describe only observable facts, including what happened and who was present. Minimum 20 characters when encoded.

RESPONSE, MOV AND ENCODING

4 IMMEDIATE RESPONSE TAKEN

Immediate response taken (optional)

Record only actions actually taken immediately after the incident. Do not enter a penalty or final decision.

5 MOV - MEANS OF VERIFICATION (OPTIONAL)

Indicate whether a relevant file is available for later protected upload:

☐ Image: JPG, PNG or WebP ☐ Video: MP4 or WebM ☐ No MOV available

File name or secure device reference

Brief description of the MOV

Do not write passwords or public links.

Keep MOV separate and protected. When internet access returns, upload only the relevant file through the case report. The online limit is 10 MB. Do not send learner MOV through personal messaging accounts.

6 REPORTER CONFIRMATION

I confirm that this report contains factual information based on what I observed or received and that it has not been classified by me.

Printed name *

Date completed (YYYY-MM-DD) *

Signature over printed name *

For handwritten or printed submission.

7 AUTHORIZED OFFICE USE - RECEIPT AND LATER ENCODING

Received by

Date and time received

System case number

Complete after successful encoding.

☐ No matching report found ☐ Possible duplicate referred for review

Encoded by

Encoding date and time

☐ Existing learner record matched ☐ MOV uploaded, if available ☐ Paper marked ENCODED

Encoding, storage or disposition remarks