

Teacher Observations

Student Name _____

Teacher/Class _____

Date _____

Grade _____

Problem Behaviors: (check all the apply)

(Please circle 1 or 2 behaviors that are most problematic)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Fight/Physical Aggression | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Off-task | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Crying/Upset | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Incomplete work |
| <input type="checkbox"/> Vandalism | <input type="checkbox"/> Verbal Harassment | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Escape setting | <input type="checkbox"/> Other _____ |

Description of Behavior(s):

What does the problem behavior(s) look like?

How often does the problem behavior(s) occur?

How long does the problem behavior(s) last when it/they occur?

What is the intensity/level of danger of the problem behavior(s)?

What are the typical consequences (immediate and long-term) for the problem behavior(s)?

What modifications/changes have you tried to improve behavior(s)?

What events trigger the problem behavior(s)

- | | |
|--|---|
| <input type="checkbox"/> Unstructured Time | <input type="checkbox"/> Getting Called Out |
| <input type="checkbox"/> Peer-Interaction | <input type="checkbox"/> Lack of knowledge on content |
| <input type="checkbox"/> Lectures | <input type="checkbox"/> Sleepiness |
| <input type="checkbox"/> Group Activity | <input type="checkbox"/> Other _____ |