Teacher Observations

Student Name _________________   Teacher/Class _______________
Date _________________   Grade ________________

**Problem Behaviors:** (check all that apply)

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

- Tardy
- Unresponsive
- Withdrawn
- Crying/Upset
- Vandalism
- Self-Injury
- Fight/Physical Aggression
- Off-task
- Hyperactivity
- Inappropriate Language
- Verbal Harassment
- Escape setting
- Theft
- Disruptive
- Insubordination
- Incomplete work
- Argumentative
- 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)

- Unstructured Time
- Getting Called Out
- Peer-Interaction
- Lack of knowledge on content
- Lectures
- Sleepiness
- Group Activity
- Other ____________________________