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| **Student’s Name:** | **Behavioral Specialist:** |
| **Date of Birth:** | **Date:** |
| **Sex:** | **Time:**       **to** |
| **Teacher:** | **Location:** |

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| **Areas of Strength** *(Qualities/Skills the child presents with)* |

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| **Observation** *(Child-Child / Teacher-Child Interactions & Challenging Behaviors)* |

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| **Recommendations/Strategies** *Teacher must implement with fidelity for 2-3 weeks* |

**Signature:**       **Date:**      

Behavioral Specialist