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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