



**Memphis-Shelby County Schools Early Childhood Division  
Child Behavior Log**

**Student's Name:** \_\_\_\_\_ **School/Center:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| <p><b>Date:</b> _____ <b>Time:</b> _____</p> <p><b>Location where behavior occurred:</b><br/>_____</p> <p><b>Teacher observing the incident:</b><br/>_____</p> | <p align="center"><b>Behavior(s):</b></p> <p><input type="checkbox"/> Non-compliance</p> <p><input type="checkbox"/> Disrespect/Defiance</p> <p><input type="checkbox"/> Running from teacher</p> <p><input type="checkbox"/> Excessive tantrums</p> <p><input type="checkbox"/> Verbal aggression/yelling</p> <p><input type="checkbox"/> Physical aggression/Fighting</p> <p><input type="checkbox"/> Abusive language/Profanity</p> <p><input type="checkbox"/> Throwing objects</p> <p><input type="checkbox"/> Destroying property</p> <p><input type="checkbox"/> Other: _____</p> | <p><b>What have you tried to date to indicate teacher expected behaviors?</b></p> <p><input type="checkbox"/> Reminders about expected behavior</p> <p><input type="checkbox"/> Clarified rules and expectations</p> <p><input type="checkbox"/> Practiced/modelled the expected behaviors</p> <p><input type="checkbox"/> Other: _____</p>      | <p><b>Plan of Action:</b></p> <p><input type="checkbox"/> Notified parent</p> <p><input type="checkbox"/> Notified supervisor</p> <p><input type="checkbox"/> Requested classroom observation</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Teacher Comments:</b> _____</p> <p>_____</p> <p>_____</p> |
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