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| **(Please complete each section)****Child’s Name:**       **Site /School/****Classroom #:**       [ ]  **Check here if the child has an IEP** | **Observer:** Choose an item.**Date of Observation:** Click or tap to enter a date.**Start Time:**       **End Time:**      **Classroom Teacher/TA:**       |

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| **Antecedent (What was happening before the behavior?) (Check all that apply)** |
|[ ]  Entering classroom |[ ]  Frustration with a difficult task |[ ]  Teacher-initiated transition |
|[ ]  Demand from teacher |[ ]  Group/center activity |[ ]  Child appears to be fatigued |
|[ ]  Whole group/circle time |  [ ]  | Student work-pairs |[ ]  Arrival/dismissal |
|[ ]  Mealtime |[ ]  Rest Time |[ ]  Other:      |

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| **Behavior(s) of Concern (What did the child do?) (Check all that apply)** |
|[ ]  Non-compliance |[ ]  Exclusion of peers |[ ]  Yelling at others |
|[ ]  Disrespect/defiance |[ ]  Making fun of others |[ ]  Abusive language/ profanity |
|[ ]  Negative facial reaction to direction |[ ]  Name-calling |[ ]  Physical aggression/ fighting |
|[ ]  Negative verbal reaction to direction |[ ]  Taking materials from others |[ ]  Throwing things |
|[ ]  Leaving the room/building |[ ]  Dishonesty |[ ]  Habitual classroom disruption |
|[ ]  Lack of participation/inattentive |[ ]  Lack of eye contact |[ ]  Fixated on certain objects/ activities |
|[ ]  Invading others’ space |[ ]  Verbal aggression/ arguing |[ ]  Destroys work/instructional materials |
|[ ]  No negative behavior observed |[ ]  Leaves seat without permission |[ ]  Other (specify):      |

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| **Consequences/Outcomes (Check all that apply)** |
|[ ]  Teacher redirects |[ ]  Student is briefly “timed-out” within the classroom |
|[ ]  Teacher reprimands student |[ ]  Student receives positive peer attention |
|[ ]  Teacher ignores the behavior |[ ]  Student receives negative peer attention |
|[ ]  Teacher conferences with the student |[ ]  Other:      |

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| **Recommendations (Check all that apply):**[ ]  Instructional Advisor will work with Teacher on classroom management/intervention strategies [ ]  Refer for Behavioral Health Consultation**Comments (Optional):**      |

Click or tap to enter a date.

*Observer Signature**Date*

**Completed by Instructional Advisor/.** Form is given to the Behavior Specialist to submit with the behavioral health referral packet (if applicable) and a copy is retained in classroom file. **(REVISED 07/2024)**