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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)**