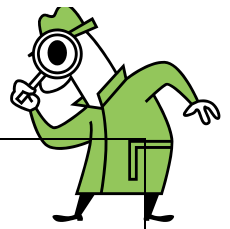


BEHAVIOR OBSERVATION REPORT



Child's Initials: _____
Date: _____

Recording Staff: _____
Time of Occurrence: _____

What Happened Before? (Possible Trigger)	Describe the Behavior Like a Camera Sees It (Form)	What Happened After? (Maintaining Consequences)

Possible motivation/function (Check all that seem possible)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Obtain Desired Item | <input type="checkbox"/> Express Emotion | <input type="checkbox"/> Avoid Task |
| <input type="checkbox"/> Obtain Desired Activity | <input type="checkbox"/> Initiate Social Interaction | <input type="checkbox"/> Avoid Adults |
| <input type="checkbox"/> Get Sensory Stimulation | <input type="checkbox"/> Avoid Sensory Stimulation | <input type="checkbox"/> Avoid Peers |
| <input type="checkbox"/> Gain Connection to Person | <input type="checkbox"/> Avoid Attention | <input type="checkbox"/> Other _____ |

Location of Occurrence (Check one)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Assigned Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Office |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Other Classroom | <input type="checkbox"/> Other _____ |

Activity (Check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meals | <input type="checkbox"/> Departure |
| <input type="checkbox"/> Classroom Jobs | <input type="checkbox"/> Quiet Time/Nap | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Centers/Work Time | <input type="checkbox"/> Outdoor Play | <input type="checkbox"/> Individual Activity |
| <input type="checkbox"/> Small Group Activity | <input type="checkbox"/> Special Activity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Large Group Activity | <input type="checkbox"/> Self-Care | |

Others Directly Involved (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Family Member | <input type="checkbox"/> Peers/Classmates |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Support/Administrative Staff | Initials _____ |
| <input type="checkbox"/> Substitute | | <input type="checkbox"/> Other _____ |

What happened after? What did others do? (Check all that apply even if listed above)

- | | | |
|---|--|---|
| <input type="checkbox"/> Obtained Object/Activity | <input type="checkbox"/> Ignore the Behavior | <input type="checkbox"/> Redirection |
| <input type="checkbox"/> Removal of Item | <input type="checkbox"/> Verbal Reminder | <input type="checkbox"/> Time with Adult |
| <input type="checkbox"/> Removed from Activity | <input type="checkbox"/> Visual Reminder | <input type="checkbox"/> Removed from Class |
| <input type="checkbox"/> Peers Move Away | <input type="checkbox"/> Use of Social-Emotional | <input type="checkbox"/> Family Contact |
| <input type="checkbox"/> Moves Away from Peer/Adult | Teaching Strategy | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Physical Guidance | |

Comments*:

* Can include **Strengths** as well as **Setting Event** if known