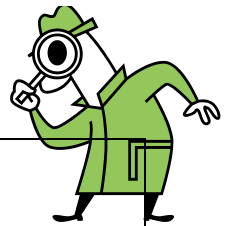


# BEHAVIOR OBSERVATION REPORT



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