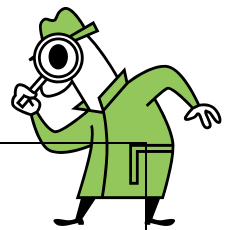


# BEHAVIOR OBSERVATION REPORT



Child's Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

Recording Staff: \_\_\_\_\_  
Time of Occurrence: \_\_\_\_\_

What Happened Before? (From the Child's Perspective)	Describe the Behavior Like a Camera Sees It (Form)	What Happened Immediately After? (From the Child's Perspective)

## Why is this Happening? (from Toward a Better Understanding of Children's Behavior)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Developmental Stage  | <input type="checkbox"/> Individual Differences   |                                       |
| <input type="checkbox"/> Environment          | <input type="checkbox"/> Temperament              | <input type="checkbox"/> Health Issue |
| <input type="checkbox"/> Lack of Skills       | <input type="checkbox"/> Sensory Motor Capacities | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Unmet Emotional Need | <input type="checkbox"/> Disability               |                                       |

## 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"/> Outdoor Play     | <input type="checkbox"/> Transition          |
| <input type="checkbox"/> Small Group Activity | <input type="checkbox"/> Special Activity | <input type="checkbox"/> Individual Activity |
| <input type="checkbox"/> Large Group Activity | <input type="checkbox"/> Self-Care        | <input type="checkbox"/> Other _____         |

## 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 later? 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          | Teaching Strategy                                | <input type="checkbox"/> Other _____        |
| Peer/Adult  | <input type="checkbox"/> Physical Guidance       |   |

Comments\*:

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