



In-Service Spotlight Record Sheet

Tier IV: Intensive Individualized Interventions
Inventory of Practice Skill 22: Monitors Progress, Indicators a through c

Challenging Behavior Rating Tool

Child Initial: _____ Center/ Classroom: _____

Team Members Conducting the Rating: _____

Date of Inception of Behavior Support Plan/Other Plan: _____

Dates of Champion Check-Ins re: Intervention Fidelity: _____

#	Behavior	Numerical Rating				
		Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
1.						
2.						
3.						
4.						
5.						
6.						
7.						