Student Name \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_Age \_\_\_\_\_\_Grade \_\_\_\_\_IEP ☐ Yes ☐ No

Teacher Completing Date

**ACADEMIC INFORMATION**

|  |  |  |
| --- | --- | --- |
| Overall G.P.A.  |  | Do you believe that academic skills, including task completion, are impacting the problem behavior? ☐ Yes ☐ No ☐ Unsure |
| Reading Grade |  |
| Written Language Grade |  |
| Math Grade |  |

**PROBLEM BEHAVIOR**

|  |  |
| --- | --- |
| ***Internalizing Behaviors:***☐ Exhibits sadness or despair☐ Sleeps a lot☐ Is teased or bullied by peers☐ Does not participate in games☐ Very shy or timid☐ Acts fearful☐ Does not stand up for self☐ Self-injury (cutting, head banging)☐ Withdrawn☐ Other  | ***Externalizing Behaviors:***☐ Out of seat/assigned area☐ Inappropriate Language☐ Fighting/physical aggression☐ Talking out of turn☐ Verbal defiance☐ Not following instructions☐ Technology violation☐ Tardy☐ Other  |

**STRATEGIES TRIED AND RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
| ***What strategies were tried to address the problem behavior?*** | **Successful** | **Somewhat Successful** | **Not Successful** |
| ☐ Tangible recognition for expected behavior |  |  |  |
| ☐ 4:1 positive verbal feedback |  |  |  |
| ☐ Retaught expected behavior |  |  |  |
| ☐ Multiple opportunities to practice expected behavior |  |  |  |
| ☐ Self-monitoring |  |  |  |
| ☐ Modified assignments |  |  |  |
| ☐ Change of schedule for activities |  |  |  |
| ☐ Extra assistance |  |  |  |
| ☐ Parent/Guardian contact |  |  |  |
| ☐ Other (Specify): |  |  |  |
| ☐  |  |  |  |