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in games  ☐ Very shy or timid  ☐ Acts fearful  ☐ Does not stand up for self  ☐ Self-injury (cutting, head banging)  ☐ Withdrawn  ☐ Other | ***Externalizing Behaviors:***  ☐ Out of seat/assigned area  ☐ Inappropriate Language  ☐ Fighting/physical aggression  ☐ Talking out of turn  ☐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): |  |  |  |
| ☐ |  |  |  |