**Teacher Observations of Student’s Behavior**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify the behaviors that are most significantly impacting the student’s success at the time (top 3 behaviors):

1.

2.

3.

Please identify how often these behaviors occur (be specific, i.e., 2 times per day, 5 times per hour, etc.)

1.

2.

3.

Where and when do these behaviors occur? What seems to be occurring immediately before they are observed:

1.

2.

3.

What response is provided when these behaviors are exhibited? (correction, ignore, positive social feedback, increased proximity, etc.)

1.

2.

3.

Why do you think the behaviors are occurring? (Behaviors are almost always an attempt to gain something or avoid something, i.e., gain attention, avoid non-preferred task, gain control, etc.)

1.

2.

3.

Are there any strategies that you have found to be effective in managing these behaviors? If so, what are they?

1.

2.

3.

Have you submitted a counselor referral for one on one counselor or group counseling? Please do so before your next meeting.

Yes No

Have you documented behavior concerns in Mizuni?

Yes No