

BEHAVIOR INTERVENTION WORKSHEET

STUDENT'S NAME: _____ Date: _____
 PRESENT PROGRAM/PLACEMENT: _____
 PERSONS PRESENT: Parent(s): _____ Student: _____ Yes _____ No _____
 _____ Teachers: _____
 _____ Others: _____
 _____ Others: _____

I. OBSERVABLE PROBLEMATIC BEHAVIORS:

Scale: 0-Never 1-Rarely 2-Sometimes 3-Often 4-Very Often

Verbal Physical
 Kicking _____
 Hitting _____
 Lack of control _____
 Verbally abusive _____
 Distracting teacher _____
 Intimidates others _____
 Self-Esteem
 Passive _____
 Self-abusive _____
 Cannot monitor behavior _____
 Socialization
 Minimal problem solving skills _____
 Speaks before thinking out answers _____
 Impatient with repetition _____
 Inappropriate hall behaviors _____
 Authority
 Refuses to do work _____
 Defies authority _____
 Dependent learner _____
 Does not follow classroom rules _____
 Failure to follow directions _____
 Distractibility
 Easily distracted _____
 Constant movement _____
 Does not attend to cues _____
 Others: _____

II. ASSESSMENTS

	Assessment Completed	Completion Date	Assessment Needed	Person Responsible	Date To Be Completed
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Management
 Description of previous interventions _____
 Behavioral observations _____
 Others: _____

Academic
 Educational history _____
 Adaptive behavior _____
 Basic skills _____
 Intellectual ability _____

Physical
 Developmental and health history _____

Social
 Emotional functioning _____

Other
 Child interview _____
 Teacher interview _____
 Parent interview _____
 Home visit _____

Behavioral Assessment Tools
 _____ EBPS
 _____ Guide to Behavioral Interventions
 _____ Burks _____ Conner's Rating Scales _____ Ackenbach Rating Scales
 _____ Functional Behavior Assessment (ABC)