**(Insert School’s Name) Behavior Observation and Data Form**

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| **Behavior Observation and Data Form** | | | | | |
| **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_ Date: \_\_\_\_\_\_ Time: \_\_\_** | | | | | |
| **Location:**  Classroom  Playground  Commons/common area  Hallway/breezeway | Cafeteria  Bathroom  Gym  Library | | Bus loading zone  Parking lot  Bus  Special event/assembly/field trip | | Office  Music room  Art room  Other **\_\_\_\_\_\_\_\_\_\_** |
| **What Did You Try First?**  Peer support Teacher/para support Calm, neutral redirection Review of expectations Naming the impact the behavior is having Reteach behavior Restorative chat | | | | | |
| **Problem Behavior** (circle the primary problem behavior)**:** | | | | | |
| **Classroom Managed (Minor)**  Inappropriate lang.  Physical contact  Defiance/disrespect/ non-compliance  Disruption  Dress Code  Technology violation  Property misuse  Tardy  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Office Managed (Major)**  Abusive lang./ inappropriate language  Fighting  Physical aggression  Defiance/insubordination/  non-compliance  Disrespect  Harassment    Disruption | | Technology Violation  Tardy  Skip class  Forgery/theft  Dress code  violation  Lying/cheating  Alcohol/drugs | Out of bounds  Vandalism  Property damage  Bullying  Inappropriate Display of Affection  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Perceived Motivation** (ask student; if they don’t know, adult can make best guess)**:**  Obtain peer attention Obtain adult attention Avoid peer(s) Obtain items/activities Avoid adult (s) Avoid tasks/activities Don’t know | | | | | |
| **Others Involved:** None Peers Staff Teacher Substitute UnknownOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Action Taken** (should be logical, related to the harm, and focused on repair of harm/relationship):  Conference with student Loss of privilege Restitution/community service Parent contact \*exclusion should only be used with safety concerns   * Reflection sheet, plan to repair and prevent harm   Time in office Detention \*In-school suspension **Days** \_\_\_\_ \*Out-of-school suspension **Days** \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was student actively involved in determining and accepting the action taken?** **Yes** or **No** | | | | | |
| **Comments:** | | | | | |