

STUDENT'S NAME: _____ DATE/TIME: _____ OTHER PEOPLE PRESENT: _____
 PLACE: _____ OBSERVER: _____
 WHAT ACTIVITY/SUBJECT? _____

TRIGGERS	
Told or asked to do something _____	Visitors in class _____
Timed activity _____	Sitting next to class materials _____
Long activity _____	Teacher helping others _____
New concepts _____	Entering into a conversation _____
Nonpreferred activity _____	In the middle of a conversation _____
Independent work _____	Peers talking to one another _____
Uncertain of what's next _____	Peers ignore or exclude from activity _____
Move from one activity /location to another _____	Beginning a group activity or sitting in a group _____
Unstructured time _____	Unexpected Change in schedule _____
Sitting in close proximity to others _____	End preferred activity w/out warning _____
Sitting next to boisterous students _____	Sitting next to quiet students _____
	Other (specify) _____

BEHAVIORS	
Aggression _____	Refusal _____
Disruptive _____	Property destruction _____
Self-Injurious _____	Theft _____
Withdrawn _____	Drugs _____
	Other (specify) _____

ACTUAL RESPONSES	
Peers tease or laugh _____	Ignored _____
Adults tease or laugh _____	Loss of points _____
Lecture or talk to student about Behavior _____	Loss of privilege _____
Raise voice _____	Request or demand withdrawn _____
Given something (materials, toys, activity, food, drink) _____	Sent to assistant principal/principal _____
Removed from activity or area _____	Other (specify) _____

FUNCTION:	
(purpose)	
Get away or avoid...	To get something or obtain...
Activity	Predictability _____
Transition	Activity
Person	Attention
Demand or request	Objects/toys
Other (specify)	Person/place
	Food
	Other (specify)

Other issues related to the Students behavior:

- | | |
|---|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Uncomfortable clothing |
| <input type="checkbox"/> Thirst | <input type="checkbox"/> Too hot or too cold |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Loud noise |
| <input type="checkbox"/> Unexpected loss or change of preferred activities or objects | <input type="checkbox"/> Lack of sleep |
| <input type="checkbox"/> Life altering event (death in family, divorce, new school etc. | <input type="checkbox"/> Medication side effects |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Extreme change in routine |

LIST NOTES / COMMENTS / UNUSUAL EVENTS: