

List Behavior(s) of Concern: (Describe What the student does, to Whom they do it, and When they do it.)

<u>Behavior(s)</u>	<u>Frequency</u> (Circle one)	<u>Duration</u> (Circle one)	<u>Intensity</u> (Circle one)
1)	Hourly	Seconds	Low
	Daily	Few Minutes	Medium
	Weekly	15-30 Minutes	High
	Monthly	Over 30 Minutes	Extremely High
2)	Hourly	Seconds	Low
	Daily	Few Minutes	Medium
	Weekly	15-30 Minutes	High
	Monthly	Over 30 Minutes	Extremely High
3)	Hourly	Seconds	Low
	Daily	Few Minutes	Medium
	Weekly	15-30 Minutes	High
	Monthly	Over 30 Minutes	Extremely High

How long have these behaviors occurred? (Please circle one.)

< 1 month 1-2 months 3-6 months > 6 months

Please describe a recent example of the problem behavior(s). _____

Please describe what happens when the student acts out a problem behavior. Be sure to include:

- 1) what you usually say and do,
- 2) what the student might say or do in response to you, and
- 3) how the interaction typically ends?

