**(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 PlaygroundCommons/common areaHallway/breezeway | Cafeteria BathroomGymLibrary | Bus loading zone Parking lotBusSpecial event/assembly/field trip | OfficeMusic roomArt roomOther **\_\_\_\_\_\_\_\_\_\_** |
| **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 contactDefiance/disrespect/ non-complianceDisruptionDress CodeTechnology violationProperty misuseTardyOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Office Managed (Major)**Abusive lang./ inappropriate language FightingPhysical aggression Defiance/insubordination/non-complianceDisrespectHarassment Disruption | Technology ViolationTardySkip classForgery/theftDress code violationLying/cheatingAlcohol/drugs | Out of boundsVandalism Property damageBullyingInappropriate Display of AffectionOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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:** |