

BEHAVIOR CHECKLIST

Date _____ Student _____ Grade _____

Place observed _____ Person referring _____

Check appropriate response:

School Attendance

- _____ Change in classroom attendance
- _____ In-school non-attendance
- _____ Pattern of early morning tardiness
- _____ Classroom tardiness
- _____ Frequent schedule changes
- _____ Class Performance
- _____ Drop in grades/points
- _____ Change in class participation
- _____ Inconsistent daily work
- _____ Lack of motivation; apathy
- _____ Inconsistent test of assignment grades

Extracurricular Activities

- _____ Increasing noninvolvement
- _____ Not fulfilling responsibilities
- _____ Loss of eligibility/dropping out

Behavior - Disruptive

- _____ Defiance of rules constant discipline
- _____ Irresponsibility, blaming, lying
- _____ Fighting/physical abuse
- _____ Cheating
- _____ Sudden outburst, verbal abuse
- _____ Obscene language, gesture
- _____ Dramatic attention getting
- _____ Extreme negativism
- _____ Hyperactivity, nervousness

Behavior - Unusual

- _____ Talks freely about drug use
- _____ Erratic behavior change as viewed on a day to day basis
- _____ Change in friends
- _____ Hypersensitive
- _____ Inappropriate responses
- _____ Depression
- _____ Defensive
- _____ Withdrawn, secluded, loner
- _____ Seeking adult advice without a specific problem
- _____ Time disorientation
- _____ Change in student/teacher rapport
- _____ Suicide attempt
- _____ Avoidance of contact with others
- _____ Forgetful
- _____ Lack of motivation
- _____ Talking about involvement in illegal activities

Behavior: Criminal/Legal

- _____ Selling drugs/exchanges of money
- _____ Possession of alcohol and other drugs
- _____ Involvement in thefts/assaults
- _____ Vandalism
- _____ Smoking
- _____ Carrying weapons

Based on your observations, evaluate the student in comparison to other students in the same grade by checking problems frequently observed.

LISTENING COMPREHENSION

Difficulty understanding spoken language
Difficulty following verbal directions

ORAL EXPRESSION

Difficulty expressing thoughts/ideas
Limited speaking vocabulary

READING

Difficulty with letter word recognition
Word guessing
Slow, constant sounding out of words
Difficulty with comprehension (factual, critical)

EXPRESSION

Difficulty with spelling
Difficulty with writing speed
Difficulty with completing written work
Difficulty with punctuation
Difficulty writing a sentence
Difficulty organizing sentences and ideas

MATHEMATICS

Difficulty with number recognition
Difficulty with number concepts
Difficulty with basic operations
 additions
 multiplication
 subtraction
 division

DISCRIMINATION

Difficulty discriminating letter symbols
Difficulty discriminating letter sounds

MEMORY

Difficulty remembering what is seen
Difficulty remembering what is heard
Difficulty retaining information over a period of time

VISUAL MOTOR COORDINATION

Difficulty with small motor tasks
Difficulty with paper/pencil tasks
Difficulty copying from board

ATTENTION/ORGANIZATION/ACTIVITY LEVEL

Difficulty beginning a task
Difficulty maintaining attention
Easily distracted
Loses or forgets work/and/or materials
Difficulty with organization
Late for class
Difficulty completing tasks
Difficulty with changes in routine
Overactive

SOCIAL/EMOTIONAL

Lacks motivation
Lacks self control
Easily frustrated
Sudden changes in mood throughout day
Inconsistency in performance
Needs constant approval
Interrupts and distracts class
Unusually aggressive toward others
Unusually shy or withdrawn
Difficulty making and keeping friends
Doesn't accept responsibility for own behavior
Easily influenced by others

SPEECH

Stutters
Difficulty articulating speech sounds
Unusual voice quality

OTHER COMMENTS:

STUDENT EVALUATION

From: _____ Please Return By: _____

To: _____ Date: _____

Re: _____ Grade: _____ Subject: _____

Please rate the following:

Excellent
5

Good
4

Average
3

Poor
2

Very Poor
1

Comes to class prepared

Completes daily work

Turns in homework

Test performance

Gets along with peers

Classroom attitude

Classroom behavior

Please explain if "poor" or "very poor" and include other comments and observations.

Please mark all items listed below:

Subject grade (to date) _____ Absent (days) _____
 Citizenship Rating (see above) _____ Tardy (days) _____

COMMENTS: (Please comment on any additional factors which would help in working with this student.)

CHECKLIST OF SECONDARY CLASSROOM MODIFICATIONS

Student: _____ Date: _____ School: _____
 Grade: _____ Teacher: _____ Subject: _____

<u>ENVIRONMENT</u>	<u>ASSIGNMENTS</u>	<u>INSTRUCTION/PROGRAM</u>
clarify rules	simplify	<u>Alternative Strategies</u>
change seating	shorten	Cooperative Learning
reduce distractions where possible	individual contracts	Instrumental Enrichments
change class assignments	buddy system	Strategies Intervention Model
change groups	use of notebooks for assignments	other
create more physical space for learner	alternative assignment structure	<u>Direct Instruction Program</u>
consider physical health problems	extend time	corrective reading
cross-age tutors	use of tape recorder	corrective math
special study area	other	morphographic spelling
modify schedule		small group instruction
add structure		other
other		
	<u>TEACHING TECHNIQUES</u>	<u>Study Skills</u>
	vary voice volume as required	listening and note taking
	use hand on shoulder contact	other
<u>MATERIALS</u>		<u>MISCELLANEOUS</u>
use different materials	reduce stimulation amount/degree when appropriate	confer with other school personnel
tapes	teacher circulates around room	keep work samples
concrete	repeat instruction same way	achievement testing
materials	list assignments and/or instructions on board	review cum folder
computer	use Behavior Modification	parent contact
typewriter	use visual aids in giving instructions (overhead/board)	referral to office
use calculator		referral to _____
district continuums	other	refer to SST
other		other

Please indicate any of the above which have been used.
 Circle any which has been

CHECKLIST OF ELEMENTARY CLASSROOM MODIFICATIONS

Student: _____ Date: _____ School: _____
 Grade: _____ Teacher: _____ Subject: _____

MISCELLANEOUS

ENVIRONMENT

ASSIGNMENTS Continue...

study carrels _____
 change seating _____
 reduce distractions where possible _____
 change class assignments _____
 change groups _____
 create more physical space for learner _____
 consider physical health problems _____
 cross-age tutors _____
 special study area _____
 other _____

individual contracts _____
 buddy system _____
 use of notebooks for assignments _____
 alternative assignment structure _____
 extend time _____
 buddy system _____
 other _____

TEACHING TECHNIQUES

vary voice volume as required _____
 use hand on shoulder contact _____
 reduce stimulation amount/degree when appropriate _____
 teacher circulates around room _____
 repeat instructions in different ways same way _____
 list assignments and/or instructions on board _____
 use behavior modifications _____
 use visual aids in giving instructions (overhead/board) _____
 teach study skills _____
 limit number or oral instructions _____

confer with other school personnel _____
 keep work samples _____
 achievement testing _____
 review cum folder _____
 parent contact _____
 referral to office _____
 referral to _____
 refer to SST _____
 other _____

Please indicate any of the above which have been used. Circle any which has been successful.

MATERIALS

use different materials _____
 tapes _____
 manipulatives _____
 task cards _____
 use diagnostics materials _____
 learning games _____
 computer _____
 district continuums _____
 typewriter _____
 other _____

ASSIGNMENTS

simplify _____
 shorten _____

use eye contact _____

SAMPLE CONTRACT

Student: David Brown Parent(s): Mrs. Brown

Counselor: Mrs. Jones Math Teacher: Mr. Smith

Effective dates: January 8 to January 18, 1997

GOALS

Long term: David will graduate from high school

Short term: David will complete his homework assignments in math and earn a grade of C (or better) in the course from high school

Responsibility
(Who, What, When, How well)

Privileges
(Who, What, When, How much)

- | | |
|--|---|
| <p>1. <u>David will turn in his completed math assignment to Mr. Smith at the beginning of class.</u></p> | <p><u>David will be excused from the last period of the day (study hall) so he can go to work 1 hour early.</u></p> |
| <p>2. <u>Mr. Smith will correct David's homework and inform Mrs. Wright of his grade by 1 p.m. each day.</u></p> | <p><u>Mrs. Jones will keep all graphs of David's progress.</u></p> |
| <p>3. <u>(If the homework does not earn a grade of at least C, this contract will be revised next week.)</u></p> | <p>_____</p> <p>_____</p> <p>_____</p> |

Bonus If all assignments are turned in for the week, and all are graded C or better, David can leave for 2 hours early on Friday.

Penalty none

Who will monitor the behavior? Mr. Smith and Mrs. Jones

What records will be kept? Homework assignments: number turned in and grade

Who will be responsible for the delivery of reinforcers, privileges? Mrs. Smith, off campus pass

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

This contract will be reviewed: (date) January 18,

CONTRACT

Student: _____

Parent(s): _____

Counselor: _____

Math Teacher: _____

Effective dates: _____ to _____

GOALS

Long term: _____

Short term: _____

Responsibility
(Who, What, When, How well)

Privileges
(Who, What, When, How much)

1. _____

2. _____

3. _____

Bonus _____

Penalty _____

Who will monitor the behavior? _____

What records will be kept? _____

Who will be responsible for the delivery of reinforcers, privileges? _____

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____

This contract will be reviewed: (date)

SAMPLE

BEHAVIOR CONTRACT

This is a Contract between Alice and _____
(name of student)

Mr. Reynolds The purpose of the Contract is to
(name of faculty/staff member)

prevent pouting/sulking behavior

If Alice handles problems situations without pouting/sulking
(name of task)

for 5 consecutive days (amount of time)

he/she will earn 30 minutes special time with a friend of her choice

Mr. Reynolds will be responsible for providing this reward.
(designated person)

_____ (signature of student)	_____ (date)
---------------------------------	-----------------

_____ (signature of teacher)	_____ (date)
---------------------------------	-----------------

_____ (signature of parent)	_____ (date)
--------------------------------	-----------------

_____ (signature of administrator)	_____ (date)
---------------------------------------	-----------------

Date Contract expires: September 17

Results:

Excellent - much improvement. Be sure to send a note home to share good news with parents.

BEHAVIOR CONTRACT

This is a **Contract** between _____ and
(name of student)

_____. The purpose of the **Contract** is to
(name of faculty/staff member)

If _____
(name of task)

for _____
(amount of time)

he/she will earn _____

_____ will be responsible for providing this reward.
(designated person)

_____ (signature of student)	_____ (date)
---------------------------------	-----------------

_____ (signature of teacher)	_____ (date)
---------------------------------	-----------------

_____ (signature of parent)	_____ (date)
--------------------------------	-----------------

_____ (signature of administrator)	_____ (date)
---------------------------------------	-----------------

Date Contract expires: _____

Results: _____

SAMPLE

**ALTERNATIVE TO SUSPENSION
BEHAVIORAL PLAN FOR INTERVENTION**

Student: Marty

Date: _____

Parent: Susan

Structured interview with parent completed

Completed by whom: Mrs.

Date: 11/2

VanDover

Mentor/Advocate identified

Meeting time identified: 3:00

Name: Mr. Cromwell

Wednesday

Summary of how student plans to contribute to school:

Will assist in library each Wednesday and Friday afternoon recess.

Date plan was agreed to: 11/02/96

Summary of student's behavior contract or plan (include strategies):

If Marty is tantrum-free for a 5-day period (consecutive days), he and a friend can have pizza with the counselor.

Date plan was initiated: 11/17/96

Counseling Services

Summary of plan for continuing counselor support:

Marty will develop peer support group. Others will learn to help Marty de-escalate.

Other agency contacts: _____

Record of incidents resulting in Alternative to Suspension:

11/01/96 Marty turned over desk during angry episode

Alternative to Suspension - 1/2 day (parent notified)

ALTERNATIVE TO SUSPENSION BEHAVIORAL PLAN FOR INTERVENTION

Student: _____ Date: _____

Parent: _____

Structured interview with parent
completed

Date: _____

Completed by whom: _____

Mentor/Advocate identified

Name: _____ Meeting time identified: _____

Summary of how student plans to contribute to school:

Date plan was agreed to: _____

Summary of student's behavior contract or plan (include strategies):

Date plan was initiated: _____

Counseling or Mentoring Services

Summary of plan for continuing counselor or mentor's support:

Other agency contacts: _____

Record of incidents resulting in ATS:
