

<b>Student Initials:</b>														
<b>Date of Behavior:</b>														
<b>Behavior</b>														
<b>Non-compliance</b>	Refusals													
	Not following directions													
	Other: please identify													
<b>Tantrum for more than 2 minutes</b>														
<b>Inappropriate Language</b>	Cursing													
<b>Physical Aggression</b>	Hitting													
	Kicking													
	Biting													
	Pulling hair													
	Pinching													
	Spitting													
	Other: please identify													
<b>Destroying Property</b>	(intentional)													
<b>Self-Abuse/Stimulation</b>														
<b>Verbal Aggression</b>	Yelling													
	Teasing													
	Other: please identify													
<b>Running Away</b>														
<b>Unsafe Behaviors</b>	Throwing toys													
	Climbing on furniture													
	Other: please identify													
<b>Disrupt learning for more than 2 teacher redirections</b>														
<b>Location:</b>														
	Arrival													
	Work time													
	Small Group													
	Large Group													
	Music/Movement													
	Transition													
	Table time													
	Snack													
	Rest time													
	Therapy-OT													
	Therapy-PT													
	Therapy-Language/ Speech													
	Outdoor Play													
	Clean up													
	Bathroom													
	Departure													
	Bus/Van													

After the same behavior has been tracked 3 consecutive times (using reasonable time comparisons), complete Office Discipline Referral (ODR) for the next behavior and follow steps on Behavior Intervention Flow Chart.