BEHAVIOR TRACKING SHEET

Student:	Date:
Classroom Teacher:	Time of Incident:
Location of Incident:	Incident #:
Reporting Person:	IEP yes/no

REASON FOR REFERRAL

What did the behavior look like? (additional description on back, if needed)

RESPECT	KINDNESS
❐ Physical aggression (i.e. hitting, kicking, biting, spitting, pinching, pulling hair)	❐ Noncompliance
❐ Destroying property (intentional)	❐ Running away
❐ Self-Abuse/Stimulation	❐ Verbal aggression (i.e. yelling, teasing)
❐ Disrupt learning for more than 2 teacher redirections	❐ Tantrum for more than 2 minutes
	❐ Unsafe behaviors (i.e. climbing on furniture, throwing toys etc.)
	❐ Inappropriate language (cursing)

Teacher's Signature: _____   Reporter's Signature: _____

Upon completion, send one copy home and keep other for tracking purposes.