

TARGETED BEHAVIOR

Fill out a page for each behavior targeted. Initial and date any minor changes made subsequent to the date written. Create a new page when making significant changes.

Student's Name:		DOB:	Date Written:
Behavior Number: _____	Behavior Name: <i>(e.g. elopement, physical aggression, off-task behavior, etc.)</i>		
Detailed Description of What the Behavior Looks Like: <i>(e.g. [Student] begins looking around the room at various exits rapidly and then exits without notice within 10 to 15 seconds, walking quickly towards either the bathroom, the playground, or the computer lab.)</i>			
Detailed Description of What is Known to Immediately Precede the Behavior: <i>(e.g. loud noises, presentation of non-preferred activity, presence of favorite peers, etc.)</i>			
Detailed Description of What the Negative Consequence(s) of the Behavior: <i>(e.g. presents danger to self and/or others, fails to complete work, alienates people, etc.)</i>			
Detailed Description of What the Student Gains from the Behavior: <i>(e.g. avoids/escapes non-preferred tasks, exercises choices/has control over experiences, gains the attention of others, etc.)</i>			
Revision? [] Y [] N	Prior Beh. No. _____	Prior Date Written: _____	Extinguished? [] Y [] N
		Date Intervention for Targeted Behavior Discontinued: _____	

TARGETED BEHAVIOR DATA SHEET

Week of ___/___/___ through ___/___/___

Beh. No. _____	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
<i>Make one tally mark for each instance that the targeted behavior has occurred on each day.</i>							

Beh. No. _____	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
<i>Make one tally mark for each instance that the targeted behavior has occurred on each day.</i>							

Beh. No. _____	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
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