



Alternative Behaviors, LLC

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Name of Student: _____ Date: _____

Respondent: _____

Check the appropriate boxes:

1. Behaviors of Concern:

- Aggression
 - kicking
 - hitting
 - punching
 - biting)
- Destruction of Property
- Verbal Aggression: Threats to peers and adults
- Noncompliance**
 - Not following directions
 - Not verbally communicating with peers or adults
 - Ignoring adult
- Elopement**
 - leaving designated work area or the group
 - leaving the classroom
 - or leaving the school
- Tantrum (Engaging in the following behaviors for more than 5 minutes)**
 - Kicking
 - Screaming
 - Hitting
 - Falling to the floor
 - Crying
 - Destruction of property
- Disrespect of Adults or Peers**
 - Inappropriate comments
 - Inappropriate tone of voice
 - Other: _____
 - Other: _____

Other Behaviors

- _____
- _____
- _____

2. How often does the behavior occur?

- about every 5 minutes
- about every 15 minutes
- about every 30 minutes
- about every hour
- other _____
- about every 2 hours
- about every 4 hours
- about once a day

3. When is the behavior most likely to occur?

- PE
- Music
- Classroom
 - Group activities
 - Independent work
 - Teacher pupil discussions
- Lunchroom
- Art
- Hall
- Bus
- Other _____

4. When is the behavior least likely to occur?

- PE
- Music
- Classroom
 - Group activities
 - Independent work
 - Teacher pupil discussions
- Lunchroom
- Art
- Bus
- Other:** _____

5. What conditions are most likely to precipitate (set off) the behavior?

- Transitions
- Task demands
- Other

