

TEACHER INPUT FORM

Student:

DOB:

Date:

School

Grade:

Teacher

Behavior

Target Behavior: _____

- When is the behavior most likely to occur?
- Where is the behavior most likely to occur?
- With whom?
- Frequency? (Be specific, per period, hourly, daily, weekly, etc)

Antecedents

What do you believe to trigger this behavior? Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Enter classroom | <input type="checkbox"/> Independent work |
| <input type="checkbox"/> Request for academic work | <input type="checkbox"/> Correcting work/constructive criticism |
| <input type="checkbox"/> When asked to do a chore or help | <input type="checkbox"/> Asked to stop an activity |
| <input type="checkbox"/> When asked to do non-preferred task | <input type="checkbox"/> Doesn't have materials |
| <input type="checkbox"/> Re-direction | <input type="checkbox"/> Small group work |
| <input type="checkbox"/> When held to a time limit (timed task) | <input type="checkbox"/> Multi-step work/projects |
| <input type="checkbox"/> transition/request to change activity | <input type="checkbox"/> Whole group instruction/activity |
| <input type="checkbox"/> Visitors in the room | <input type="checkbox"/> Being ignored by peers OR teacher |
| <input type="checkbox"/> Unstructured setting | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Request for public response | <input type="checkbox"/> Being teased by others |
| <input type="checkbox"/> Lecture with or without note-taking | <input type="checkbox"/> Difficult work/task |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Loss of reward/opportunity |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Consequences

What consequences have you tried with this student to help make a change in his/her behavior, whether they have worked or not? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Zero for assignment | <input type="checkbox"/> Lunch detention |
| <input type="checkbox"/> Verbally correct student in private or public | <input type="checkbox"/> Non-verbal cues (proximity, eye contact, etc.) |
| <input type="checkbox"/> Speak to student after class | <input type="checkbox"/> Call the student's parents/caregivers |
| <input type="checkbox"/> Take away recess or other free time | <input type="checkbox"/> student/teacher conference |
| <input type="checkbox"/> Take a privilege away | <input type="checkbox"/> Deduct points from assignments |
| <input type="checkbox"/> Verbal reprimand | <input type="checkbox"/> Verbal redirection |
| <input type="checkbox"/> Give student pass to guidance counselor | <input type="checkbox"/> Allow student to take short breaks |
| <input type="checkbox"/> Increased supervision | <input type="checkbox"/> After school detention |
| <input type="checkbox"/> Sent from room to, specify:
_____ | <input type="checkbox"/> In-school suspension |
| <input type="checkbox"/> Sent to office | <input type="checkbox"/> Out-of-school suspension |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

- Please list any consequences that have been effective:

- Please list motivators and incentives for this student. (What have you tried, and whether it has worked or not).

Please **highlight** all the behaviors that impede the student's, or others', learning.

Behavior Categories				
Aggression	Inappropriate Talk	Noncompliance	Off-Task	Self-Injurious
Hitting	Talking out	Failing to comply with instructions	Out of seat	Head banging
Biting	Talking back	Refuses to follow school rules, specify:	Gesturing to peers	Self cutting
Spitting	Negative comments		Touching others	Pinching self
Pushing	Profanity	Failing to begin task upon request	Talking	Vomiting
Scratching	Name calling		Appearing to not work	Pulling own hair
Kicking	Yelling	Refusing to talk	Working on different task	Consuming inedible objects
Hair Pulling	Inappropriate sounds		Looking around room	sucking/biting/ Scratching self
Inappropriate Touching	Verbal threats	Verbal refusals	Putting head down/sleeping	Use of alcohol/drugs
Vandalism	Humming	Tardy		
Threats	Singing	Truancy	Getting peer attention	Other:
Hitting objects against walls, desk, etc.	Off-subject comments	Hiding		
Tantruming	Harassment	Elopement	Not attending to directions	
	Sexual innuendos	Leaving building	Unprepared	
Fighting	Other, specify:	Lying	Withdrawn	
Bullying		Unresponsive	Other:	
Other:		Stealing		
		Other:		