BEHAVIOR CHECKLIST

Date ___________  Student ___________________________  Grade ___________

Place observed ________________  Person referring _______________________

Check appropriate response:

School Attendance

—— Change in classroom attendance
—— In-school non-attendance
—— Pattern of early morning tardiness
—— Classroom tardiness
—— Frequent schedule changes
—— Class Performance
—— Drop in grades/points
—— Change in class participation
—— Inconsistent daily work
—— Lack of motivation; apathy
—— Inconsistent test of assignment grades

Extracurricular Activities

—— Increasing noninvolvement
—— Not fulfilling responsibilities
—— Loss of eligibility/dropping out

Behavior - Unusual

—— Talks freely about drug use
—— Erratic behavior change as viewed on a day to day basis
—— Change in friends
—— Hypersensitive
—— Inappropriate responses
—— Depression
—— Defensive
—— Withdrawn, secluded, loner
—— Seeking adult advice without a specific problem
—— Time disorientation
—— Change in student/teacher rapport
—— Suicide attempt
—— Avoidance of contact with others
—— Forgetful
—— Lack of motivation
—— Talking about involvement in illegal activities

Behavior: Disruptive

—— Defiance of rules constant discipline
—— Irresponsibility, blaming, lying
—— Fighting/physical abuse
—— Cheating
—— Sudden outburst, verbal abuse
—— Obscene language, gesture
—— Dramatic attention getting
—— Extreme negativism
—— Hyperactivity, nervousness

Behavior: Criminal/Legal

—— Selling drugs/exchanges of money
—— Possession of alcohol and other drugs
—— Involvement in thefts/assaults
—— Vandalism
—— Smoking
—— Carrying weapons
Based on your observations, evaluate the student in comparison to other students in the same grade by checking problems frequently observed.

<table>
<thead>
<tr>
<th>LISTENING COMPREHENSION</th>
<th>VISUAL MOTOR COORDINATION</th>
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</thead>
<tbody>
<tr>
<td>Difficulty understanding spoken language</td>
<td>Difficulty with small motor tasks</td>
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<tr>
<td>Difficulty following verbal directions</td>
<td>Difficulty with paper/pencil tasks</td>
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<tr>
<td>ORAL EXPRESSION</td>
<td>Difficulty copying from board</td>
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<tr>
<td>Difficulty expressing thoughts/ideas</td>
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<tr>
<td>Limited speaking vocabulary</td>
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</table>

<table>
<thead>
<tr>
<th>READING</th>
<th>ATTENTION/ORGANIZATION/ACTIVITY LEVEL</th>
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<tbody>
<tr>
<td>Difficulty with letter word recognition</td>
<td>Difficulty beginning a task</td>
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<tr>
<td>Word guessing</td>
<td>Difficulty maintaining attention</td>
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<tr>
<td>Slow, constant sounding out of words</td>
<td>Easily distracted</td>
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<tr>
<td>Difficulty with comprehension (factual, critical)</td>
<td>Loses or forgets work and/or materials</td>
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<td>Difficulty with organization</td>
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<td>Late for class</td>
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<td></td>
<td>Difficulty completing tasks</td>
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<td></td>
<td>Difficulty with changes in routine</td>
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<td></td>
<td>Overactive</td>
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<thead>
<tr>
<th>EXPRESSION</th>
<th>SOCIAL/EMOTIONAL</th>
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<tr>
<td>Difficulty with spelling</td>
<td>Lacks motivation</td>
</tr>
<tr>
<td>Difficulty with writing speed</td>
<td>Lacks self control</td>
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<tr>
<td>Difficulty with completing written work</td>
<td>Easily frustrated</td>
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<tr>
<td>Difficulty with punctuation</td>
<td>Sudden changes in mood throughout day</td>
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<tr>
<td>Difficulty writing a sentence</td>
<td>Inconsistency in performance</td>
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<tr>
<td>Difficulty organizing sentences and ideas</td>
<td>Needs constant approval</td>
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<td></td>
<td>Interrupts and distracts class</td>
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<td></td>
<td>Unusually aggressive toward others</td>
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<td></td>
<td>Unusually shy or withdrawn</td>
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<td></td>
<td>Difficulty making and keeping friends</td>
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<td></td>
<td>Doesn't accept responsibility for own behavior</td>
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<td></td>
<td>Easily influenced by others</td>
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<thead>
<tr>
<th>MATHEMATICS</th>
<th>SPEECH</th>
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<tr>
<td>Difficulty with number recognition</td>
<td>Stutters</td>
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<tr>
<td>Difficulty with number concepts</td>
<td>Difficulty articulating speech sounds</td>
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<tr>
<td>Difficulty with basic operations</td>
<td>Unusual voice quality</td>
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<tr>
<td>additions</td>
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<td>multiplication</td>
<td></td>
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<tr>
<td>subtraction</td>
<td></td>
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<tr>
<td>division</td>
<td></td>
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<tr>
<td>DISCRIMINATION</td>
<td>MEMORY</td>
</tr>
<tr>
<td>Difficulty discriminating letter symbols</td>
<td>Difficulty remembering what is seen</td>
</tr>
<tr>
<td>Difficulty discriminating letter sounds</td>
<td>Difficulty remembering what is heard</td>
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<tr>
<td></td>
<td>Difficulty retaining information over a period of time</td>
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| OTHER COMMENTS: |
STUDENT EVALUATION

From: ___________________________ Please Return By: ___________________________

To: ___________________________ Date: ___________________________

Re: ___________________________ Grade: ____ Subject: ___________________________

Please rate the following:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
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<tbody>
<tr>
<td>Comes to class prepared</td>
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<td>-</td>
<td></td>
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<tr>
<td>Completes daily work</td>
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<tr>
<td>Turns in homework</td>
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<tr>
<td>Test performance</td>
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<tr>
<td>Gets along with peers</td>
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<tr>
<td>Classroom attitude</td>
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<tr>
<td>Classroom behavior</td>
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Please explain if “poor” or “very poor” and include other comments and observations.

Please mark all items listed below:

Subject grade (to date) ___________________________ Absent (days) ____________
Citizenship Rating (see above) ___________________________ Tardy (days) ____________

COMMENTS: (Please comment on any additional factors which would help in working with this student.)
# Checklist of Secondary Classroom Modifications

**Student:** ___________________________  **Teacher:** ________________

**Date:** ________________________________  **School:** ________________________

**Grade:** ________________  **Subject:** ________________________

**Environment**

- Clarify rules
- Change seating
- Reduce distractions where possible
- Change class assignments
- Change groups
- Create more physical space for learner
- Consider physical health problems
- Cross-age tutors
- Special study area
- Modify schedule
- Add structure
- Other

**Assignments**

- Simplify
- Shorten
- Individual contracts
- Buddy system
- Use of notebooks for assignments
- Alternative assignment structure
- Extend time
- Use of tape recorder
- Other

**Instruction/Program**

- Alternative strategies
- Cooperative learning
- Instrumental enrichments
- Strategies intervention model
- Other

- Direct instruction program
- Corrective reading
- Corrective math
- Morphographic spelling
- Small group instruction
- Other

- Study skills
  - Listening and note taking
  - Other

**Teaching Techniques**

- Vary voice volume as required
- Use hand on shoulder contact
- Reduce stimulation amount/degree when appropriate
- Teacher circulates around room
- Repeat instruction same way
- List assignments and/or instructions on board
- Use Behavior Modification
- Use visual aids in giving instructions (overhead/board)
- Other

**Materials**

- Use different materials
- Tapes
- Concrete
- Materials
- Computer
- Typewriter
- Use calculator
- District continuums
- Other

**Miscellaneous**

- Confer with other school personnel
- Keep work samples
- Achievement testing
- Review cum folder
- Parent contact
- Referral to office
- Referral to ____________
- Refer to SST
- Other

Please indicate any of the above which have been used. Circle any which has been
CHECKLIST OF ELEMENTARY CLASSROOM MODIFICATIONS

Student: __________________ Date: __________________
Grade: ________________ Teacher: __________________
Subject: __________________

ENVIRONMENT

study carrels
change seating
reduce distractions where possible
change class assignments
change groups
create more physical space for learner
consider physical health problems
cross-age tutors
special study area
other

ASSIGNMENTS

individual contracts
buddy system
use of notebooks for assignments
alternative assignment structure
extend time
buddy system
other

MATERIALS

use different materials
tapes
manipulatives
task cards
use diagnostics materials
learning games
computer
district continuums
typewriter
other

TEACHING TECHNIQUES

vary voice volume as required
use hand on shoulder contact
reduce stimulation amount/degree when appropriate
teacher circulates around room
repeat instructions in different ways same way
list assignments and/or instructions on board
use behavior modifications
use visual aids in giving instructions (overhead/board)
teach study skills
limit number or oral instructions
use eye contact

MISCELLANEOUS

corfer with other school personnel
keep work samples
achievement testing
review cum folder
parent contact
referral to office
refer to SST
other

Please indicate any of the above which have been used. Circle any which has been successful.
SAMPLE CONTRACT

Student: David Brown
Parent(s): Mrs. Brown
Counselor: Mrs. Jones
Math Teacher: Mr. Smith

Effective dates: January 8 to January 18, 1997

GOALS
Long term: David will graduate from high school
Short term: David will complete his homework assignments in math and earn a grade of C (or better) in the course from high school

Responsibility
(Who, What, When, How well)

1. David will turn in his completed math assignment to Mr. Smith at the beginning of class.
2. Mr. Smith will correct David's homework and inform Mrs. Wright of his grade by 1 p.m. each day.
3. (If the homework does not earn a grade of at least C, this contract will be revised next week.)

Privileges
(Who, What, When, How much)

David will be excused from the last period of the day (study hall) so he can go to work 1 hour early.
Mrs. Jones will keep all graphs of David's progress.

Bonus
If all assignments are turned in for the week, and all are graded C or better, David can leave for 2 hours early on Friday.

Penalty
none

Who will monitor the behavior? Mr. Smith and Mrs. Jones
What records will be kept? Homework assignments; number turned in and grade

Who will be responsible for the delivery of reinforcers, privileges? Mrs. Smith, off campus pass

Signed: __________ Date: _____ Signed: __________ Date: _____
Signed: __________ Date: _____ Signed: __________ Date: _____

This contract will be reviewed: (date) January 18.
CONTRACT

Student: ____________________  Parent(s): ____________________

Counselor: ____________________  Math Teacher: ____________________

Effective dates: ___________ to ___________

GOALS

Long term: ____________________

Short term: ____________________

Responsibility  Privileges

1. ____________________  ____________________
   ____________________  ____________________
   ____________________  ____________________

2. ____________________  ____________________
   ____________________  ____________________
   ____________________  ____________________

3. ____________________  ____________________
   ____________________  ____________________
   ____________________  ____________________

Bonus: ____________________

Penalty: ____________________

Who will monitor the behavior? ____________________

What records will be kept? ____________________

Who will be responsible for the delivery of reinforcers, privileges? ____________________

Signed: ____________________ Date: ___________ Signed: ____________________ Date: ___________

Signed: ____________________ Date: ___________ Signed: ____________________ Date: ___________

This contract will be reviewed: (date)
SAMPLE

BEHAVIOR CONTRACT

This is a Contract between ____________________________ and ____________________________.

(name of student)

--------------------

(name of faculty/staff member)

Mr. Reynolds

The purpose of the Contract is to prevent putting/sulking behavior.

If Alice handles problems situations without putting/sulking ____________________________

(name of task)

for 5 consecutive days ____________________________ for (amount of time) ____________________________

he/she will earn 30 minutes special time with a friend of her choice ____________________________

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Mr. Reynolds will be responsible for providing this reward.

(designated person)

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(signature of student) (date)

(signature of teacher) (date)

(signature of parent) (date)

(signature of administrator) (date)

Date Contract expires: September 17

Results: Excellent - much improvement. Be sure to send a note home to share good news with parents.
BEHAVIOR CONTRACT

This is a Contract between ___________________________ and ___________________________. The purpose of the Contract is to ___________________________.

If ___________________________, for ___________________________, then ___________________________ will be responsible for providing this reward.

__________________________ will be responsible for providing this reward.

__________________________ (designated person)

__________________________ (signature of student) ____________________________ (date)

__________________________ (signature of teacher) ____________________________ (date)

__________________________ (signature of parent) ____________________________ (date)

__________________________ (signature of administrator) ____________________________ (date)

Date Contract expires: ___________________________

Results: _____________________________________
SAMPLE

ALTERNATIVE TO SUSPENSION
BEHAVIORAL PLAN FOR INTERVENTION

Student: Marty
Date:

Parent: Susan

Structured interview with parent completed
Date: 11/2
Completed by whom: Mrs. VanDover

Mentor/Advocate identified
Name: Mr. Cromwell
Meeting time identified: 3:00
Wednesday

Summary of how student plans to contribute to school:
will assist in library each Wednesday and Friday afternoon recess.

Date plan was agreed to: 11/02/96

Summary of student’s behavior contract or plan (include strategies):
If Marty is tantrum-free for a 5-day period (consecutive days), he and a
friend can have pizza
with the counselor.

Date plan was initiated: 11/17/96

Counseling Services
Summary of plan for continuing counselor support:
Marty will develop peer support groups. Others will learn to help Marty de-
escalate.

Other agency contacts:

Record of incidents resulting in Alternative to Suspension:
11/01/96 Marty turned over desk during angry episode
Alternative to Suspension - 3-day (parent notified)
ALTERNATIVE TO SUSPENSION
BEHAVIORAL PLAN FOR INTERVENTION

Student: ___________________________ Date: _____________

Parent: ______________________________

Structured interview with parent completed
Date: ________________________________
Completed by whom: _________________

Mentor/Advocate identified
Name: ___________________________ Meeting time identified: ________________

Summary of how student plans to contribute to school:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date plan was agreed to: ____________________________________________

Summary of student’s behavior contract or plan (include strategies):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date plan was initiated: ________________________________

Counseling or Mentoring Services
Summary of plan for continuing counselor or mentor’s support:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Other agency contacts: __________________________

Record of incidents resulting in ATS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________