

Behavior Assessment Form (Child)

Child Name: _____ Gender: _____ Age: _____ Grade: _____

Name of Reporter: _____ Relationship to Child: _____ Date: _____

Target Behavior: _____

Target Behavior Observations

Describe the target behavior in observable terms - what does it look like?

When and where has the target behavior been reported to occur?

	Home	School	Other (specify):	Other (specify):
Rate of Occurrence:				
Time of Day:				
Actions Displayed:				
Duration of Behavior:				
Reported By:				

Where and when does the target behavior most often occur?

Is there an easily identified trigger for the target behavior?

What typically happens with the child immediately after the behavior occurs?

Home Life:

What is the child's current living situation (type of housing, household members, etc.)?

Describe the parenting style and any rewards systems or disciplinary actions used in the child's home.

Does the child have a regular morning routine? If yes, what does it look like?

Does the child have a regular afternoon/evening routine? If yes, what does it look like?

Does the child have a regular bedtime routine? If yes, what does it look like?

Have there been any major life changes for the family within the past year?

If yes, has the child expressed any feelings about these changes?

Medical Background

Has the child been diagnosed with any persistent medical conditions?

Does the child regularly take any prescription medications, over the counter medications, or herbal supplements? If yes, please list all.

Has the child ever been evaluated for mental health concerns? If yes, please explain.

Is there a family history of any behavioral or mental health concerns? If yes, please explain.

Academic Observations

Is the student currently meeting appropriate academic standards? If no, please explain.

Has the student been evaluated for academic concerns such as learning disabilities? If yes, please explain.

Does student regularly attend school?

What areas of study does the student excel at?

What areas of study does the student struggle with?

Social Skills

Does the student display age-appropriate social skills when interacting with peers? If no, please explain.

Does the student willingly engage in social interactions with peers?

Does the student have healthy friendships?

Child Strengths and Needs

Is the child aware of the problematic nature of the target behavior?

Does the child feel in control of the target behavior?

List the child's strengths in any area:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

List the child's most pressing areas of need:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Current Behavior Modification Strategies

Please list any reward systems, behavior modification strategies, and disciplinary actions used with the child at the present time and in the recent past.

List of Techniques:	Type of Intervention: (i.e. reward system)	Describe the Process:	Was it Successful? Explain why or why not:
1.			
2.			
3.			

Observer Notes:

Target Behavior Data Collection

Observe the child in as many settings as possible over the course of one work week and make note of any instances where the target behavior is displayed using the chart provided.

Location:	Date:	Date:	Date:	Date:	Date:
Time Frame					
Antecedent					
Actions Displayed					
Consequence					

Observer Notes:

Analysis

Compare data from multiple settings. What similarities and differences in the target behavior are reported across locations.

<u>Same</u>	<u>Different</u>
_____	_____
_____	_____
_____	_____
_____	_____

Identified Triggers:

Identified benefits of target behavior to child: