

Nayatt Behavior Data Collection Form

Student Name: _____ Referring Staff: _____

H.R. Teacher: _____ Date: _____ Time: _____

Locations

- | | | | |
|--|---|--|---------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Bathroom | <input type="checkbox"/> On Bus | <input type="checkbox"/> Office |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Gym | <input type="checkbox"/> Special Event | |
| <input type="checkbox"/> Foyer/Commons | <input type="checkbox"/> Library | <input type="checkbox"/> Field Trip/Assembly | |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Bus Loading Zone | <input type="checkbox"/> Art Room | |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Pick up Line/Parking Lot | <input type="checkbox"/> Music Room | |

Problem Behaviors *(check one)*

Minor	Major
<input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Disrespect/Defiance/Non-compliance <input type="checkbox"/> Disruptions - repeated <input type="checkbox"/> Property Misuse <div style="background-color: yellow; padding: 2px;"> IS THERE A GUEST TEACHER IN THE CLASS TODAY? Yes No </div>	<input type="checkbox"/> Abusive/Inappropriate Language <input type="checkbox"/> Physical Aggression/Fighting <input type="checkbox"/> Defiance/Disrespect/Non-compliance <input type="checkbox"/> Lying/Cheating <input type="checkbox"/> Harassment/Bullying/Threat <input type="checkbox"/> Disruption <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Forgery/Theft <input type="checkbox"/> Property Damage/Vandalism <input type="checkbox"/> Other _____

Possible Motivation *(Check one)*

- | | |
|--|---|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid tasks/activities |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid peer(s) |
| <input type="checkbox"/> Obtain items/activities | <input type="checkbox"/> Avoid adult(s) |
| | <input type="checkbox"/> Other _____ |

Others Involved *(Check one)*

- None
 Peers
 Staff
 Teacher
 Guest Teacher

Consequences

Minor - any staff <input type="checkbox"/> Time in Principal's Office <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Conference w/student <input type="checkbox"/> Parent Contact/Conference <input type="checkbox"/> Time Out <input type="checkbox"/> Restitution	Major - Principal only <input type="checkbox"/> Individualized Instruction <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-School Suspension
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Date: _____ Student Name: _____

Referring staff: _____

