Behavior Log

Student Name:_____

Date:_____

Time:_____

Observer:_____

Behavior Observed

○ Not Following Directions

○ Hitting / Kicking / Biting (Circle one)

○ Crying / Screaming / Cursing or inappropriate words (Circle one)

○ Leaving Area

○ Tantrum / Meltdown

○ Unsafe Behavior

○ Refusal to participate

○ Throwing Objects

○ Other:_____

Trigger/Antecedent

○ Transition (to new activity)

○ Denied Item / Request

○ Peer Conflict

○ Wait Time

○ Adult Redirection

○ Change in Routine

○ Unknown

○ Other:_____

Response By Adult

○ Redirection

○ Calming Strategy

○ Offered Choices

○ Removed from activity

○ Used Visual Support

○ Ignored / minimized attention

○ Parent Notified

○ Other:_____

Outcome

○ Returned to Activity   ○ Removed from Space

○ Calmed Down   ○ Asked for Help

○ Continued Behavior   ○ Other:_____

Additional Notes