


Behavior Profile/Progress Monitoring

Student Name: _____

Week of: _____

Referring Teacher: _____

Homeroom/Adv.#: _____

DIRECTIONS: First, using tallymarks  document the frequency of the observed behavior (1-full week). Next, add up the total for each behavior, if applicable. The highest total behavior will be the target behavior to focus on. The total tallymarks for the target behavior will be used to establish a Base Score and help determine a Goal Score for progress monitoring.

SBO#	Behavior-Externalizing	Monday	Tuesday	Wednesday	Thursday	Friday	Total
2.	Biting						
7.	Destroying Property						
4.	Difficulty Organizing / Caring for Materials						
6.	Dishonesty						
4.	Drops to Ground						
2.	Inappropriate Personal Touching						
3.	Minor Fine Motor Annoyances						
4.	Non-Compliance w/ requests from Teachers/other Adults						
4.	Refuses to complete school work						
3.	Out of Seat						
2.	Physical Aggression (doesn't keep hands to self)						
4.	Resists Transitions between Classes/Activities						
4.	Runs Away/Elopes						
3.	Screaming/Yelling						
2.	Spitting						
6.	Stealing						
4.	Talking Out/Back/ Inappropriate Comments						
3.	Throwing Objects						
1.	Verbal Aggression (foul language, hostile demeanor)						
-----	Other:						
SBO#	Behaviors-Internalizing	Monday	Tuesday	Wednesday	Thursday	Friday	Total
5.	Acts Fearful						
2.	Agitated/Temper Tantrum						
5.	Anxious/Nervous/Worried						
5.	Excessive Crying						
5.	Excessive Sleeping						
5.	Hurting Self (self-injury)						
5.	Isolates Self from others						
5.	Somatic Complaints						
5.	Social Withdrawal						


Comments:

Behavior Progress Monitoring

Student Name: _____

Referring Teacher: _____

Homeroom/Adv.#: _____

DIRECTIONS: First, fill in the target behavior found using the Behavior Profile. Next, tallymark  the frequency of the target behavior daily on this form. Depending on the team decision, progress monitoring (PM) data from this form could either be entered daily (total) or weekly (total) in the Behavior Support Plan.

Week #/ Date	Target Behavior	Monday	Tuesday	Wednesday	Thursday	Friday	Total

Comments:

