



# Behavior Tracking

Your Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

							LIST APPROXIMATE NUMBER OF BEHAVIORS ON EACH DAY									
NAME	TARGETED BEHAVIOR/S	INSTANCE OF BEHAVIOR (@WHEN)	FREQUENCY (X PER DAY)	DIAGNOSIS	TARGET REDUCTION (%)	# MINUTES W/BREAK BOX OR SENSORY ROOM	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Child a																
Child b																
Child c																
Child d																
Child e																

**TARGETED BEHAVIOR:**

1. Distracted/Staring into Space \_\_\_\_\_
2. Wiggling/Not Sitting Still \_\_\_\_\_
3. Talking out of Turn \_\_\_\_\_
4. Fidgeting with Everything \_\_\_\_\_
5. Falling Asleep \_\_\_\_\_

6. Slouching or Falling off Chair \_\_\_\_\_
7. Shouting Out \_\_\_\_\_
8. Hitting \_\_\_\_\_
9. Throwing Objects \_\_\_\_\_
10. Crying \_\_\_\_\_

11. Biting Nails or Objects \_\_\_\_\_
12. Chewing on Pencils or Clothing \_\_\_\_\_
13. Other \_\_\_\_\_
14. Other \_\_\_\_\_