

Weekly Scatterplot

Student: _____ Week of: _____ Year: _____

Target Behaviors:

1. _____
2. _____
3. _____

Interventions:

- A. _____
- B. _____
- C. _____

| TIME | MONDAY DATE: | TUESDAY DATE: | WEDNESDAY DATE: | THURSDAY DATE: | FRIDAY DATE: |
|-------------|-----------------|------------------|--------------------|-------------------|-----------------|
| 8:30-8:45 | | | | | |
| 8:45-9:00 | | | | | |
| 9:00-9:15 | | | | | |
| 9:15-9:30 | | | | | |
| 9:30-9:45 | | | | | |
| 9:45-10:00 | | | | | |
| 10:00-10:15 | | | | | |
| 10:15-10:30 | | | | | |
| 10:30-10:45 | | | | | |
| 10:45-11:00 | | | | | |
| 11:00-11:15 | | | | | |
| 11:15-11:30 | | | | | |
| 11:30-11:45 | | | | | |
| 11:45-12:00 | | | | | |
| 12:00-12:15 | | | | | |
| 12:15-12:30 | | | | | |
| 12:30-12:45 | | | | | |
| 12:45-1:00 | | | | | |
| 1:00-1:15 | | | | | |
| 1:15-1:30 | | | | | |
| 1:30-1:45 | | | | | |
| 1:45-2:00 | | | | | |
| 2:00-2:15 | | | | | |
| 2:15-2:30 | | | | | |
| 2:30-2:45 | | | | | |
| 2:45-3:00 | | | | | |
| 3:00-3:15 | | | | | |
| 3:15-3:30 | | | | | |
| Totals: | | | | | |

DAILY POSITIVE BEHAVIOR TRACKING FORM

Student Name: _____

Date: _____

Instructions:

1. The student carries this form to selected settings each day.
2. The teacher in each selected setting completes the rating and initials the form at the end of each tracking period in the appropriate box. Indicators for each number have been attached.
3. Additional Teacher comments may be made on the back of this form.
4. The student reviews this form each day with _____ who initials the bottom row of this form.

1= Poor

2= Fair

3 = Average

4 = Very Good

5 = Outstanding

My goal is 80% points for the day.

Target behavior 1: Completing and Turning in assignments on time

Target behavior 2: Staying on task for the duration of the assignment or class period with 2 or less redirections.

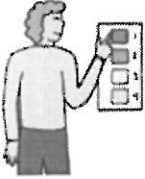
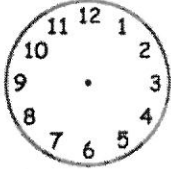
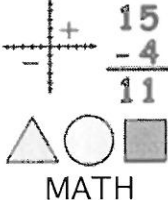



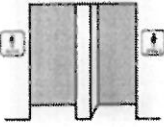



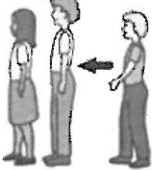
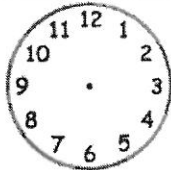


Target Behavior 3: Bring all appropriate materials to class (pen, pencil, paper, and planner)

| | Date: _____ | Comments |
|------------------------|---|----------|
| 1 st period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 2 nd period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 3 rd period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 4 th period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 5 th period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 6 th period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| 7 th period | TB 1: 1 2 3 4 5 TB 2: 1 2 3 4 5 TB 3: 1 2 3 4 5 | |
| Reviewed By: | _____/ 105 = _____ % | |

MET GOAL Y/N: _____



















Parent Signature and Comments: _____

Schedule

| | | |
|--|---|--|
|  check schedule | Check schedule and go to math work table. |  the time is |
|  MATH | Get out paper and pencil for math work. Complete worksheets. |  check mark |
|  SCIENCE | Science show and tell today. Listen quietly. |  check mark |
|  school bathroom | Use bathroom. |  check mark |
|  circle time | Listen quietly at circle time. |  check mark |
|  line up | Time for lunch. Line up to walk to the cafeteria. |  the time is |
|  lunch | Enjoy lunch! Remember to throw your trash away when lunch time is finished. |  check mark |



















Name:

Date:

| Activity | Today in class... | Did I Stay Focused? | Sticker? |
|--------------------------|--|---|----------|
| Journal | <input type="checkbox"/> I Wrote my name and date. <input type="checkbox"/> I started it. <input type="checkbox"/> I finished it. <input type="checkbox"/> I put it away. |  Yes!  Sort of  No | |
| Class Meeting | <input type="checkbox"/> I walked quietly to the circle. <input type="checkbox"/> I was a respectful listener. |  Yes!  Sort of  No | |
| Read to Self | <input type="checkbox"/> I got out my book. <input type="checkbox"/> I began reading. <input type="checkbox"/> I stayed focused. <input type="checkbox"/> I put all of my books away. |  Yes!  Sort of  No | |
| Partner Read | <input type="checkbox"/> Decided who reads first. <input type="checkbox"/> We took turns. <input type="checkbox"/> We retold a book. <input type="checkbox"/> I put all my books away. |  Yes!  Sort of  No | |
| Word Work | <input type="checkbox"/> I chose a job. <input type="checkbox"/> I picked a quiet spot. <input type="checkbox"/> I stayed focused. <input type="checkbox"/> I cleaned up and put my paper in my DAISY book. |  Yes!  Sort of  No | |
| Listen to Reading | <input type="checkbox"/> I chose a book. <input type="checkbox"/> I pushed play. <input type="checkbox"/> I listened the whole time. <input type="checkbox"/> I cleaned up. |  Yes!  Sort of  No | |

Name:

Date:

| Activity | Today in class... | Did I Stay Focused? | Sticker? |
|--|--|---|----------|
| Social Studies, handwriting or spelling | <input type="checkbox"/> I Wrote my name and date. <input type="checkbox"/> I started it. <input type="checkbox"/> I finished it. <input type="checkbox"/> I turned it in. |  Yes!  Sort of  No | |
| Desk work | <div style="display: flex; justify-content: space-between;"> <div> <u>After Lunch</u> <input type="checkbox"/> I started it. <input type="checkbox"/> I stayed focused. <input type="checkbox"/> I put it away. </div> <div> <u>After Math</u> <input type="checkbox"/> I started it. <input type="checkbox"/> I stayed focused. <input type="checkbox"/> I put it away. </div> </div> |  Yes!  Sort of  No | |
| Math | <input type="checkbox"/> I Wrote my name and date. <input type="checkbox"/> I started it. <input type="checkbox"/> I finished it. <input type="checkbox"/> I turned it in. |  Yes!  Sort of  No | |
| Science, read aloud or calendar | <input type="checkbox"/> I Wrote my name and date. <input type="checkbox"/> I started it. <input type="checkbox"/> I finished it. <input type="checkbox"/> I turned it in. |  Yes!  Sort of  No | |
| Writing | <input type="checkbox"/> I got my folder out after science. <input type="checkbox"/> I Wrote my name and date. <input type="checkbox"/> I started it. <input type="checkbox"/> I stayed focused. <input type="checkbox"/> I put it in my red writing folder. |  Yes!  Sort of  No | |
| | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |  Yes!  Sort of  No | |



THINGS I NEED TO WORK ON

| I NEED TO... | MON | TUES | WED | THU | FRI | SAT | SUN |
|--------------|-----|------|-----|-----|-----|-----|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

www.FreePrintableBehaviorCharts.com



THINGS I NEED TO WORK ON

| I NEED TO... | MON | TUES | WED | THU | FRI | SAT | SUN |
|--------------|-----|------|-----|-----|-----|-----|-----|
| | | | | | | | |
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Making Smart Choices

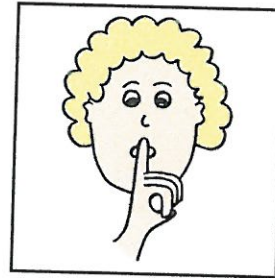
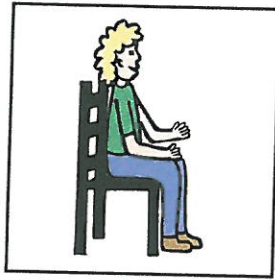
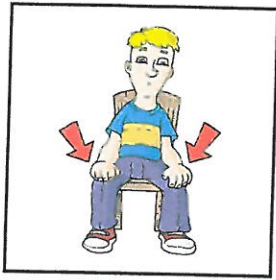
Name_____ ***Date***_____

I worked hard on making smart choices today.

| | | | |
|--|---|--|---|
| | <i>I was on task</i> | | <i>I was working cooperatively</i> |
| | <i>I stayed in my seat</i> | | <i>I followed directions</i> |
| | <i>I respected my friends and teachers</i> | | <i>I completed my work</i> |
| | | | |

Daily Check List

| Schedule | Completed | Completed w/Assistance | Unable To Do | Comments |
|--------------------------------|-----------|---------------------------|-----------------|----------|
| Arrival | | | | |
| Handwriting | | | | |
| Reading/Mrs.Draper | | | | |
| Calendar | | | | |
| Reading | | | | |
| Lunch | | | | |
| Gym/Music/Art/Computers | | | | |
| Extra Special | | | | |
| Math | | | | |
| Social Skills/ Mrs. Gniewek | | | | |
| Science or Centers | | | | |
| Recess/Free Time | | | | |
| Speech | | | | |
| OT | | | | |
| Dismissal | | | | |



I am keeping
my hands to
myself.

I am sitting
at my desk

I am being
quiet

How Am I
doing?

