

BEHAVIOR DATA COLLECTION SHEET

Name: _____

Month & Year: _____

Please print your **INITIALS** only one time, in the appropriate box, if the behavior has occurred. Please refer to the reverse side of this form for the Behavior Tracking Guidelines. The behavior **MUST** be consistent with the Behavior Tracking Guidelines, in order to be tracked on this data collection sheet.

DAY OF THE MONTH	Tantrums or Emotional Outbursts	Damages Own or Other's Property	Physically Assaults Others	Disrupts Other's Activities	Verbally or Gesturally Abusive	Self - Injurious	Teases or Harasses Peers	Resists Supervision	Runs or Wanders Away	Steals	Eats Inedible Objects	Displays Sexually Inappropriate Behavior	Smears Feces
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I certify that by signing this document, the data tracking that is listed above is true and accurate and in accordance with the Behavior Tracking Guidelines that have been provided to me by the Johnson County CDDO.

Signature of: Individual / Parent / Legal Guardian / Provider _____

_____/_____/_____
Date

Printed Name _____

Title