

Child Behavior Worksheet

Child's Name: _____ Date: _____

As part of your student's healthcare plan, please complete this worksheet on days child has problem behaviors. Your feedback is valuable and will assist your student's healthcare provider in monitoring child's progress and tailoring treatment. **Your outstanding work with the child is greatly appreciated!**

Percentage of the day that child behaved well? Please circle.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Percentage of the day that child followed directions? Please circle.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Percentage of the day child interacted with other children appropriately? Please circle.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Number of behavioral incidents during the day that required a consequence? Please circle.

10 or more between 6-9 between 2-5 1 incident 0 incidents

Please describe incident(s): _____

Please describe consequence(s) (e.g. timeout, apologizing, going to the back of line, etc.): _____

Did child accept consequence? Yes No

Was the child able to return to school activities with appropriate behaviors after consequence? Yes No

Please use back of sheet to communicate any other information about child's school behaviors.

Thank you for your hard work!

Mending Hearts Family Counseling Center, Inc.

6371 Haven Ave STE 3 #156; Rancho Cucamonga, CA 91737

(909) 787-1968 tele.; (909) 610-7572

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