

# Classroom Teacher Behavior Documentation Checklist

Student Name: \_\_\_\_\_ Grade/Class Period: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

\*All areas must be completed and behavior interventions documented prior to NCRESA staff involvement.

**Classroom Management System.**

Please describe the type of daily management system used. (stop light, point chart, cards, etc.)

Results for this student including number of days used and specific details of child's response:

What specific parts of this plan has the student been successful with?

What specific parts of this plan has the student been unsuccessful with?

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**Individual behavior plan**

Please list the top three behaviors, be specific.

1.

2.

3.

Please describe in detail the individual plan used and results of this implementation including time frame, student responses and effectiveness. (Attach copy of behavior plan)

What specific parts of this plan has the student been successful with?

What specific parts of this plan has the student been unsuccessful with?

Please list the students strengths and needs both academically and social-emotional.

Academic strengths:

Academic needs:

Social-emotional strengths:

Social-emotional needs:

- Additional behavior support** requested (ie principal, counselor, para-pro, etc.)  
Specific details of request/implementation:

What specific parts of this plan has the student been successful with?

What specific parts of this plan has the student been unsuccessful with?

- Referred to NCRESA Behavior Consultant      Date: \_\_\_\_\_

- Not Referred to NCRESA Behavior Consultant      Date: \_\_\_\_\_  
--- see attached recommendations