

TARGET BEHAVIOR SHEET

Name: _____ Date _____

Behavior	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Will not talk or make noises							
Will let the teacher tell me what to do the first time							
Teacher signature							

2=no problems

1=responded to redirect

0=had to move

Work	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Homework	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Supplies	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Skill(s)	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
I can do something even if I don't want to.							

Teachers—initial (under your hour) after you have asked the following questions:

Questions to ask:

1. If I ask you to do something you don't like, what will you say?
2. Where can you go if you are having a hard time following directions?
3. If you feel like talking to your neighbor how will you stop yourself?

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Questions to ask:

- 1.
- 2.
- 3.