



Student Support Services

Record of Behavioral Intervention

Student Name: _____ Date: _____
 Student #: _____ School: _____ Grade: _____
 Date of Birth: _____ Gender: _____ Ethnicity: _____ Primary Home Language: _____
 RtI Meeting #: _____ Parent/Guardian Invited: _____ Parent/Guardian Attended: _____

Behavior(s) of Concern: (What are the problem behaviors?)

Possible Function of Behavior(s): (*Why do you think the behaviors occur?*)

Replacement Behavior(s): (*What behaviors would you like to see?*)

Strategies to Teach Replacement Behavior(s):

In-Class Teaching Strategies:

Implemented by:

_____ Date: _____

Small Group Counseling/Behavioral Strategies:

Implemented by:

_____ Date: _____

Individual Strategies:

Implemented by:

_____ Date: _____

Plan to Monitor Behavior(s):

** Please attach sample forms for behavioral monitoring*