



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*