**Example #3**

**Teacher Nomination Form**

Student Name Age Grade IEP: Yes orNo

Teacher Completing Date

**ACADEMIC INFORMATION**

Overall G.P.A.

Reading Grade

Written Language Grade

Math Grade

Do you believe that academic skills, including task completion, are impacting the problem behavior?

* Yes
* No
* Unsure

**WHAT IS THE PROBLEM BEHAVIOR?**

* Out of seat/assigned area
* Inappropriate Language
* Fighting/physical aggression
* Talking out of turn
* Verbal defiance
* Not following instructions
* Technology violation
* Tardy
* Withdrawn
* Other

**WHEN AND HOW OFTEN THE PROBLEM BEHAVIOR OCCURS**

When, where, and with whom are problem behaviors most likely?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Schedule (Times) | Activity | Specific Problem Behavior | Likelihood of Problem Behavior  *Low High* | | | | | | With Whom does Problem Occur |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  | 1 | 2 | 3 | 4 | 5 | 6 |  |

**POSSIBLE FUNCTION OF THE PROBLEM BEHAVIOR**

□ Obtain Adult Attention □ Escape/Avoid Peer Attention □ Obtain Stimulation/Sensory

□ Escape/Avoid Adult Attention □ Obtain Tangible/Activity □ Escape/Avoid Stimulation/Sensory

□ Obtain Peer Attention □ Escape/Avoid Tangible/ Activity

**STRATEGIES TRIED TO ADDRESS PROBLEM BEHAVIOR AND RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Successful | Somewhat Successful | Not Successful |
| * Tangible recognition for expected behavior |  |  |  |
| * 4:1 positive verbal feedback |  |  |  |
| * Retaught expected behavior |  |  |  |
| * Multiple opportunities to practice expected behavior |  |  |  |
| * Self-monitoring |  |  |  |
| * Modified assignments |  |  |  |
| * Change of schedule for activities |  |  |  |
| * Extra assistance |  |  |  |
| * Parent/Guardian contact |  |  |  |
| * Other (Specify): |  |  |  |