

## Tracking Behaviours

(Check off the appropriate box)

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

Child's Initials: \_\_\_\_\_

<i>Time/Activity</i>	<i>Behaviour</i>	<i>What happened before?</i>	<i>What was the consequence?</i>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Am free play</li> <li><input type="checkbox"/> Lunch</li> <li><input type="checkbox"/> Group time</li> <li><input type="checkbox"/> Pm free play</li> <li><input type="checkbox"/> Transitions</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hitting</li> <li><input type="checkbox"/> Kicking</li> <li><input type="checkbox"/> Spitting</li> <li><input type="checkbox"/> Swearing</li> <li><input type="checkbox"/> Screaming</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Playing with a peer</li> <li><input type="checkbox"/> Arguing with a peer</li> <li><input type="checkbox"/> Engaged in play</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Spoken to</li> <li><input type="checkbox"/> Moved away from the child</li> <li><input type="checkbox"/> Asked to apologize</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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**Comments:**