

**Beaufort County Schools
Observations/Data Collection Sheet**

Only target behaviors are logged

Targeted Behavior(s):

Student: _____ Teacher: _____

DOB: _____ School/Grade: _____ Observer: _____

Date Time	Setting Where is observation occurring?	Antecedent What is happening before behavior occurs?	Behavior What is the student doing?	Frequency How often does the behavior occur?	Consequence What was the consequence of the student's action?	Total Time Observed	Comments
	<input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Small Group Work <input type="checkbox"/> Independent Work <input type="checkbox"/> Unstructured Time	<input type="checkbox"/> Given Instructions <input type="checkbox"/> Given Correction <input type="checkbox"/> Preferred Item/Activity Removed <input type="checkbox"/> Attention Restricted from _____ Other: _____	Specify:		<input type="checkbox"/> Offered Choice <input type="checkbox"/> Redirect <input type="checkbox"/> Reprimand <input type="checkbox"/> Time Out <input type="checkbox"/> Discussion <input type="checkbox"/> Said: <input type="checkbox"/> Took Item Away _____ <input type="checkbox"/> Work <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ignore _____		
	<input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Small Group Work <input type="checkbox"/> Independent Work <input type="checkbox"/> Unstructured Time	<input type="checkbox"/> Given Instructions <input type="checkbox"/> Given Correction <input type="checkbox"/> Preferred Item/Activity Removed <input type="checkbox"/> Attention Restricted from _____ Other: _____	Specify:		<input type="checkbox"/> Offered Choice <input type="checkbox"/> Redirect <input type="checkbox"/> Reprimand <input type="checkbox"/> Time Out <input type="checkbox"/> Discussion <input type="checkbox"/> Said: <input type="checkbox"/> Took Item Away _____ <input type="checkbox"/> Work <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ignore _____		
	<input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Small Group Work <input type="checkbox"/> Independent Work <input type="checkbox"/> Unstructured Time	<input type="checkbox"/> Given Instructions <input type="checkbox"/> Given Correction <input type="checkbox"/> Preferred Item/Activity Removed <input type="checkbox"/> Attention Restricted from _____ Other: _____	Specify:		<input type="checkbox"/> Offered Choice <input type="checkbox"/> Redirect <input type="checkbox"/> Reprimand <input type="checkbox"/> Time Out <input type="checkbox"/> Discussion <input type="checkbox"/> Said: <input type="checkbox"/> Took Item Away _____ <input type="checkbox"/> Work <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ignore _____		
	<input type="checkbox"/> Large Group Instruction <input type="checkbox"/> Small Group Work <input type="checkbox"/> Independent Work <input type="checkbox"/> Unstructured Time	<input type="checkbox"/> Given Instructions <input type="checkbox"/> Given Correction <input type="checkbox"/> Preferred Item/Activity Removed <input type="checkbox"/> Attention Restricted from _____ Other: _____	Specify:		<input type="checkbox"/> Offered Choice <input type="checkbox"/> Redirect <input type="checkbox"/> Reprimand <input type="checkbox"/> Time Out <input type="checkbox"/> Discussion <input type="checkbox"/> Said: <input type="checkbox"/> Took Item Away _____ <input type="checkbox"/> Work <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ignore _____		
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