

Behavior Intervention Strategies: Inventory I

Primary Contact & Student Conference Form: Level III Secondary

Student: _____
School Year: _____
Meeting Date: _____
Subject/Class: _____
Period/Time: _____
Teacher: _____

I. Why are we meeting?

- | | |
|--|--|
| <input type="checkbox"/> Behaviors are Non-Participatory (<i>Too Little</i>) | <input type="checkbox"/> Behaviors are Disruptive to Self/Others (<i>Too Much</i>) |
| <input type="checkbox"/> ignoring directions | Verbal: <input type="checkbox"/> talking to others |
| <input type="checkbox"/> ignoring work | <input type="checkbox"/> extra comments in class |
| <input type="checkbox"/> looking around the room | |
| <input type="checkbox"/> just sitting | Physical: <input type="checkbox"/> moving objects |
| <input type="checkbox"/> doing "own" work tasks | <input type="checkbox"/> moving self |
| _____
_____ | <input type="checkbox"/> (up, out of seat, hands, feet) |
| | _____
_____ |

II. Who is meeting?

Primary contact: _____ Student: _____

III. What will be earned?

Student Preferences

From the Teacher	From the Primary Contact	From Parent/Home	From the Class
<input type="checkbox"/> verbal	<input type="checkbox"/> verbal	<input type="checkbox"/> verbal	<input type="checkbox"/> verbal
<input type="checkbox"/> written	<input type="checkbox"/> written	<input type="checkbox"/> written	<input type="checkbox"/> written
<input type="checkbox"/> gesture	<input type="checkbox"/> gesture	<input type="checkbox"/> gesture	<input type="checkbox"/> gesture
_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

School Privileges

<input type="checkbox"/> bringing my extra books/materials to class	<input type="checkbox"/> seating with my peers / choosing a seat
<input type="checkbox"/> leaving the room on my own (RR, locker, water)	<input type="checkbox"/> typing on the computer for _____
<input type="checkbox"/> 10 minutes at the end of class for earned choice (computer, book, newspaper, another room)	_____ _____
<input type="checkbox"/> go to the media center / get a book	_____ _____
_____ _____	_____ _____

Teacher Preferences

respectful classroom environment _____

IV. What about feeling overwhelmed, and needing some help making the best choices? (Adult Support)

Tell _____ when feeling frustrated, or need help choosing the best behavior.
Say _____
You could:
 take a 5 minute walk sit in another room for 10 minutes go to the restroom
 go get a drink of water take something (note) to another room ask for a student partner/friend

V. Consequences

Follow my rules SAMPLE:

1. Follow Directions (1st Time Every Time)
2. Positive Comments (to Teachers/Students)
3. Raise Hand

OURS:

Positives/Plan

Ignore a rule

SAMPLE:

1. Gesture/Verbal warning from _____
2. Lose ½ the time of end of period privilege _____
3. Note in agenda for _____ to sign
4. Asked to use a self-calming technique
5. Phone call home

OURS:

1. _____
2. _____
3. _____
4. _____
5. _____

VI. Monitoring Plan

- Daily log to keep in the classroom
- Daily mark in agenda (red x or a green check)
- Notes to sign at home
- Phone calls home

Additional:

VII. Notes/Summary
