

Classroom Intervention Checklist for Challenging Behavior

(Please check and rate the interventions/accommodations you have tried)

1=Ineffective

2=Sometimes effective

3=Usually effective

I. Prevention Techniques

Effectiveness Rating

<input type="checkbox"/> Change in seating	1	2	3
<input type="checkbox"/> Modify assignments to match skill level	1	2	3
<input type="checkbox"/> Use visual cues/graphic organizers	1	2	3
<input type="checkbox"/> Provide written/visual schedule	1	2	3
<input type="checkbox"/> Use proximity cues	1	2	3
<input type="checkbox"/> Provide choice about assignment	1	2	3
<input type="checkbox"/> Use physical cues	1	2	3
<input type="checkbox"/> Minimize/Structure transition time	1	2	3
<input type="checkbox"/> Other: _____			

II. Instructional Techniques

<input type="checkbox"/> Reminder of expectations before activity	1	2	3
<input type="checkbox"/> Written behavior contracts	1	2	3
<input type="checkbox"/> Teach self-monitoring	1	2	3
<input type="checkbox"/> Model/practice/praise expectation in context	1	2	3
<input type="checkbox"/> Systematic feedback about behavior	1	2	3
<input type="checkbox"/> Daily check-in/check-out with adult to discuss progress and goals for improvement	1	2	3
<input type="checkbox"/> Other: _____			

III. Consequences for Behavior

(To increase behavior)

<input type="checkbox"/> Frequent, consistent, specific verbal praise	1	2	3
<input type="checkbox"/> Referral to other adults for praise	1	2	3
<input type="checkbox"/> Nonverbal praise (high five, thumbs up)	1	2	3
<input type="checkbox"/> Parent contact	1	2	3
<input type="checkbox"/> Point system for specific behavior	1	2	3
<input type="checkbox"/> Incentive (circle: daily, weekly, monthly)	1	2	3
<input type="checkbox"/> Reinforcement type:			
Consumable (food, drink, candy)	1	2	3
Tangible (toys, games, stickers)	1	2	3
Social (partner work, talk-time)	1	2	3
Independence (HW pass, free time)	1	2	3

(To decrease behavior)

<input type="checkbox"/> Time out procedures in classroom	1	2	3
<input type="checkbox"/> Sent to office/counselor	1	2	3
<input type="checkbox"/> Loss of privileges	1	2	3
<input type="checkbox"/> Detention/Suspension	1	2	3
<input type="checkbox"/> Parent contact	1	2	3
<input type="checkbox"/> Verbal reprimand	1	2	3
<input type="checkbox"/> Other: _____			

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