Self-Monitoring Form

Name:	Date:
Class:	M T W Th F

Fill in desired behaviors to monitor. Circle which one applies for rating. Compare agrees of teacher and student to determine accurate recording.

Desired Behavior(s):	Student Rating	Teacher Rating
	Agree Disagree	Agree Disagree
	Agree Disagree	Agree Disagree
	Agree Disagree	Agree Disagree

At the end of the day, what questions do I have for the teacher:

If _____, student will earn _____.

Self-Monitoring Form

Interval

Name:	Date:
Class:	Time Start: Time End:

Directions: When the timer vibrates, mark the appropriate box if the desired behavior occurs at that moment.

Desired Behavior(s):

Yes No	**Yes No**	**Yes No**
Yes No	**Yes No**	**Yes No**
Yes No	**Yes No**	**Yes No**
Yes No	**Yes No**	**Yes No**

Total # of "yes" _____ / Total # of intervals rated _____ x 100 = _____% of intervals on task

If _____, student will earn

_____.

Self-Monitoring Form

Frequency

Name:	Date:
Class:	Time Start: Time End:

Directions: When the desired behavior occurs, record a tally mark in the box below.

Desired Behavior(s):

Total:_____

If _____, student will earn

_____.

BSS
BEHAVIOR SUPPORT SPECIALISTS