

BBNA Head Start
PO Box 310 Dillingham, AK 99576
907-842-4059

BEHAVIOR REPORT

CHILDS NAME: _____ COMMUNITY: _____
STAFF WHO OBSERVED BEHAVIOR _____
DATE & TIME OF OCCURRENCE: _____

Place where behavior occurred:

- | | |
|--|---|
| <input type="checkbox"/> Inside the Classroom/Halls | <input type="checkbox"/> On the bus |
| <input type="checkbox"/> On the playground (outdoors) | <input type="checkbox"/> During a field trip |
| <input type="checkbox"/> On the playground (indoors) | <input type="checkbox"/> Other: _____ |

Description of Behavior?

How Behavior was dealt with?

What plan was put in place to help the child with his/her behavior?

Were parents were notified? Yes No

IF YES

Was the child picked up? Yes No

Were the parents involved with the behavior plan? Yes No

Were their any comments from the parents? Yes No

Parents comments (if any)

(Signature of Head Start Staff) (Date)