

CAPNEMO Behavior Management Checklist

Student's Name: _____

Behavior Management Indicators

Comments: (If indicator marked "yes")

Makes inappropriate comments or unnecessary noises	Yes	No
Fights with other students	Yes	No
Becomes physically aggressive	Yes	No
Is easily angered, annoyed or upset	Yes	No
Agitates and provokes peers to a level of verbal or physical assault	Yes	No
Has little or no interaction with teachers	Yes	No
Has unexcused absences or tardiness	Yes	No
Blames other persons or materials to avoid taking responsibility for their mistakes	Yes	No
Is not motivated by verbal praise	Yes	No
Is not motivated by rewards	Yes	No
Becomes upset when redirected	Yes	No
Ignores consequences of behaviors	Yes	No
Is tired, listless, unmotivated, and not interested in school	Yes	No
Whines or cries in response to problems	Yes	No
Behaves impulsively, without self control	Yes	No

Does not change negative behavior from one situation to another	Yes	No
Does not follow rules	Yes	No
Is unable to work independently	Yes	No
Does not respond appropriately to environmental cues from others	Yes	No
Has difficulty in following simple directions	Yes	No
Is unable to regain control within 5 to 10 minutes of an incident	Yes	No
Gets agitated when other children invade personal space	Yes	No
Has trouble transitioning from one activity to the next	Yes	No
Is unwilling to share toys or materials	Yes	No
Unusual or unscheduled changes in the day intensifies behaviors	Yes	No
Behaviors escalate during certain times of day	Yes	No
Is destructive to materials or toys	Yes	No
Physically hurts children, seemingly unprovoked	Yes	No
Has trouble sitting still or resting during quiet times of the day	Yes	No
Is physically aggressive with adults who attempt to redirect them	Yes	No
Shows interest in the feelings of others	Yes	No
Uses foul or inappropriate language	Yes	No

Uses threatening speech in an effort to control others	Yes	No
Peers isolate child due to their negative behaviors	Yes	No
Behaviors interfere regularly with classroom activities	Yes	No
Pulls away from positive physical touch	Yes	No
Invades others personal space	Yes	No
Participates often in rough and tumble play	Yes	No
Crashes into walls, floors, furniture, and people	Yes	No
Seems to target specific people or types of people to harm	Yes	No

Please list focus behaviors that will be observed on the NMCAA Head Start Behavior Management Incident form:

- 1.
- 2.
- 3.
- 4.
- 5.

Parent Signature: _____

Date: _____

Teacher Signature: _____

Date: _____