

Behavior Tracking Form

Residents Name: _____ **Date:** _____

Target Behaviors: **Attention seeking behaviors-** crying and yelling. **Aggression toward others-** scratching, hitting, and pinching. **Self-injurious behavior-** hitting self in the face, pinching legs, thighs, arms, and other body parts.

** Keep track by using a "+" if the behavior occurs in the one-hour time frame. If the behavior doesn't occur leave the box blank. At the end of your shift, please initial the appropriate field at the bottom of the page.

Time	Activity	Attention Seeking Behaviors	Aggressive Behaviors	Self-injurious
7-8AM				
8-9 AM				
9-10 AM				
10-11 AM				
11AM-12PM				
12-1 PM				
1-2 PM				
2-3 PM				
3-4 PM				
4-5 PM				
5-6 PM				
6-7 PM				
7-8 PM				
8-9 PM				
9-10 PM				
10-11 PM				
11 PM- 12 AM				
12-1 AM				
1-2 AM				
2-3 AM				
3-4 AM				
4-5 AM				
5-6 AM				
6-7 AM				
Total				

6am to 2pm Staff Initial: _____ **2pm to 10pm Staff Initial:** _____ **10pm to 6am Staff Initial:** _____