|  |  |  |
| --- | --- | --- |
| Check if applies | Description of the behavior | Circle Perceived Intensity1= low 3=med 5=high |
|  | Gets along well with other children | 1 2 3 4 5 |
|  | Follows adult directions | 1 2 3 4 5 |
|  | Manages frustration | 1 2 3 4 5 |
|  | Often complains of being sick | 1 2 3 4 5 |
|  | Finds solutions to daily challenges | 1 2 3 4 5 |
|  | Gets along well with adults | 1 2 3 4 5 |
|  | Finishes things he/she starts | 1 2 3 4 5 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room #: \_\_\_\_\_\_\_\_\_Phone Ext\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student identified as EC? Yes No

Check all descriptions below that apply to the behavior(s) **observed** at home and rate the intensity: