

Classroom Behavior Guidance Form

Child's Name: _____

Date: _____

Positive Behavior Observations:

(Record three positive behaviors exhibited by the child)

1. _____
2. _____
3. _____

Behavior Concerns:

(Identify specific behaviors that need guidance)

1. _____
2. _____
3. _____

Strategies Implemented:

(Describe techniques used to address behavior)

- Use of positive reinforcement (e.g., praise, stickers)
- Redirection to alternative activities
- Consistent routine and structure
- Modeling appropriate behavior

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Parent/Guardian Communication:

(Outline any discussions held with parents/guardians)

- Date of communication: _____

- Summary of discussion: _____

Next Steps:

(Plan for continued support and monitoring)

- Continue reinforcement of positive behaviors

- Schedule a follow-up meeting with parents/guardians on _____

- Collaborate with team members for additional strategies

Teacher's Name: _____

Signature: _____