



Georgia Department of Early Care and Learning

Georgia's Pre-K Program Documentation of Behavior Concerns

Site Name: _____

Student: _____

Date of Birth: _____

Teacher: _____

DATE	DAY of the WEEK	TIME & ACTIVITY What was going on in the classroom? (large group, transition time, small group, ...)	STUDENT ACTIONS What did the child do or say? (including what happens before problem behavior)	INTERVENTION / STRATEGY USED by ADULT What did you do in response?	RESULTS How did the child respond to your intervention? What did the child do next?