



Data-Based Decision Making  
POSSIBLE DECISION BASED TARGET BEHAVIORS

Behavior of Interest	Description of Behavior
<i>Positive Appropriate Behaviors</i>	
<i>Negative/Inappropriate Behaviors</i>	

Teachers are encouraged to choose the most critical 2-3 behaviors, keeping in mind the desired results.

Describe the behaviors in positive behavioral terms.

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## Hi, Try, Good-bye Program Contract

I, \_\_\_\_\_, agree to participate in the Hi, Try, Good-bye program and to do my best to meet my goals.

- I will meet with \_\_\_\_\_ before school to review my goals and at the end of the day to discuss my progress.
- I will also meet with \_\_\_\_\_ during the day at the following times: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- When I earn \_\_\_\_\_ points for \_\_\_\_\_ days (not consecutive) I will earn \_\_\_\_\_.
- I will take a daily progress note home to my parent so that he/she can see how I am doing. I will bring the home note back and give it to \_\_\_\_\_.

My teacher will allow me a few minutes at the beginning and end of the day to meet with \_\_\_\_\_. I agree to use this time responsibly and to follow the rules of the hallway and school.

**Student:** \_\_\_\_\_

**Hi, Try, Good-bye contact:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

Parent Home Note

Student: _____ Date: _____ Number of points needed to reach goal: _____ Points possible _____ Points earned _____ Goal Met? Yes No Parent Initial _____	Student: _____ Date: _____ Number of points needed to reach goal: _____ Points possible _____ Points earned _____ Goal Met? Yes No Parent Initial _____
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Student: \_\_\_\_\_

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

Teacher: \_\_\_\_\_

### Hi, Try, Good-bye Daily Progress Report

Location → Goals ↓							
1.	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1
2.	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1
3.	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1
4.	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1

**Rating Scale:**

3 = Great

2 = Okay

1 = Try Again

**Number of points needed to reach goal:** \_\_\_\_\_

Points possible \_\_\_\_\_

Points earned \_\_\_\_\_

Goal Met?    Yes                  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Data-Based Decision Making

### **DIRECT BEHAVIOR RATING FORM** (SUGGESTION: 1 PER DAY FOR 2-3 WEEKS)

STUDENT \_\_\_\_\_

Date of Rating \_\_\_\_\_

Time of Rating \_\_\_\_\_

First Target Behavior: Raises Hand: "the student raises his hand before speaking aloud in class"

0      1      2      3      4      5      6      7      8      9

(times)

(9 times)

Second Target Behavior: Verbal aggression: "the student yells, calls names, curses, or makes other noises that would be considered aggressive behavior."

0      1      2      3      4      5      6      7      8      9

(times)

(9 times)

Third Target Behavior: Compliance: The student responded to teacher requests or directives within 15 seconds.

0      1      2      3      4      5      6      7      8      9

(times)

(9 times)

Overall daily behavior rating: Based on your judgment of the student's behavior today, how true is this statement: "the student did better today than before the intervention was implemented".

0      1      2      3      4      5      6      7

(very not true)

(very true)

COMMENTS:





**RtI BEHAVIOR MANAGEMENT PLAN**

**STUDENT** \_\_\_\_\_ **ID** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>TARGET BEHAVIOR</b> (Describe desired behavior in positive measurable terms)	<b>INTERVENTION</b> (What replacement skill will be taught?)	<b>DOCUMENTATION DATES</b> (of Intervention)	<b>RESULTS</b>