**Observation Form**

Member Name:       Target Behavior:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (include Day of the Week)** | **Time** | **Describe Behavior** | **Length of Behavior** | **What Occurred Prior to Behavior?** | **Where did it Occur?** | **Staff Response (Intervention) - Follow-Up Activities** | **Effectiveness of the Response (Intervention)** | **Staff Initials** |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
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 \* Residential Providers are encouraged to keep this document in the residents chart accessible to staff.