Scatterplot

Student:_____ Grade:_____ School:_____
Date(s):_____ Observer:_____
Behavior of Concern:_____
_____ Additional relevant information:_____
_____
Code used (if any):_____

Setting or Class	Times or Intervals	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Total Times Observed

Observation Notes

(e.g., specific circumstances under which the behavior occurred, particular antecedents that triggered the behavior, times/conditions during which the behavior does not occur, patterns observed, etc.)