



MIAMI-DADE COUNTY PUBLIC SCHOOLS

**DOC
TYPE 2480**

PRINT STUDENT'S NAME (LAST) (FIRST) (M.I)	DATE (MM/DD/YY)	
_____	STUDENT ID. NO.	_____

ANECDOTAL RECORD

School _____ Teacher's Signature _____

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three-week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors.	State what happened following the behavior, such as the immediate response of the teacher, student, or others.

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