

# Behavior Chart

Patient information			
Name:			
Gender:		Date of birth:	
Medical record number (if applicable):			
Clinician name:		Date of assessment:	
Target behaviors to track			
Specify 2-5 behaviors using observable, measurable terms.			
Behavior	Desired frequency/duration	Context/setting	Notes

**Behavior tracking table**

*Use checkmarks (✓) if the patient exhibited the behavior during the specified date.*

Date					Notes

**Reinforcement or response plan**

Positive reinforcement strategy (if any)	Corrective response for challenging behavior

Weekly review summary	
Behavioral trends observed	Progress toward goals
Barriers/triggers noted	Recommended adjustments
Therapeutic notes (optional)	
Next steps/plan for adjustment	
Healthcare professional information	
Name:	License ID number:
Signature:	Date of assessment: