



BOYS & GIRLS CLUBS
OF SPRINGFIELD

MEMBER BEHAVIOR PROFILE

MEMBER NAME: _____

BEHAVIOR TENDENCY

Anger <input type="checkbox"/>	Defiant <input type="checkbox"/>	Sarcastic <input type="checkbox"/>	Aggressiveness <input type="checkbox"/>	Submissiveness <input type="checkbox"/>
Runs Away <input type="checkbox"/>	Violent <input type="checkbox"/>	Obsessive <input type="checkbox"/>	Hyperactive <input type="checkbox"/>	Trouble Concentrating <input type="checkbox"/>
Lying <input type="checkbox"/>	Stealing <input type="checkbox"/>	Mood Swings <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Attention Seeking <input type="checkbox"/>
Lack of Social Skills <input type="checkbox"/>	Disrespects Peers <input type="checkbox"/>	Does not follow directions <input type="checkbox"/>	Rude/Back Talks <input type="checkbox"/>	Disruption <input type="checkbox"/>
Property Damage <input type="checkbox"/>	Self-Injury <input type="checkbox"/>	Property Damage <input type="checkbox"/>	Sad/Depressed <input type="checkbox"/>	Refuses to Talk <input type="checkbox"/>
Diagnosis: ADD <input type="checkbox"/>	Diagnosis: ADHD <input type="checkbox"/>	Diagnosis: ODD <input type="checkbox"/>	Diagnosis: Bi-Polar <input type="checkbox"/>	Diagnosis: Anxiety/Depression <input type="checkbox"/>
Diagnosis: Schizophrenia <input type="checkbox"/>	Diagnosis: Self-Harm <input type="checkbox"/>	Diagnosis: Suicidal <input type="checkbox"/>	Diagnosis: Autistic <input type="checkbox"/>	Diagnosis: Asperger's <input type="checkbox"/>

Additional Detail:

POSSIBLE MOTIVATION

Gain Adult Attention <input type="checkbox"/>	Gain Peer Attention <input type="checkbox"/>	Obtain Desired Item <input type="checkbox"/>	Obtain Desired Activity <input type="checkbox"/>	Avoid Task <input type="checkbox"/>
Reaction from Adult <input type="checkbox"/>	Reaction from Peer <input type="checkbox"/>	Expectations Violated <input type="checkbox"/>	Avoid Adults <input type="checkbox"/>	Avoid Peers <input type="checkbox"/>
Board <input type="checkbox"/>	Social Fears <input type="checkbox"/>	Lack of Control <input type="checkbox"/>	Lack of Structure <input type="checkbox"/>	Divert Attention from other Issue <input type="checkbox"/>
Cry for Help <input type="checkbox"/>	Apathy or Lack of Motivation <input type="checkbox"/>	Lack of Incentive or Reward <input type="checkbox"/>	Medication <input type="checkbox"/>	Lack of Understanding <input type="checkbox"/>
Copy Behaviors of Adult <input type="checkbox"/>	Copy Behaviors of Peer <input type="checkbox"/>	Traumatic Event <input type="checkbox"/>	Feeling Worthless <input type="checkbox"/>	Feeling Scared <input type="checkbox"/>

Additional Detail:

BEST STRATEGY / CONSEQUENCE

Area Reward System <input type="checkbox"/>	Office Reward System <input type="checkbox"/>	Meaningful One-on-One Conversations <input type="checkbox"/>	Give Worth to Member <input type="checkbox"/>	Provide Choices <input type="checkbox"/>
Non-Material Recognition <input type="checkbox"/>	Express Appreciation <input type="checkbox"/>	Patience <input type="checkbox"/>	Avoidance/Ignore <input type="checkbox"/>	One-on-One Time <input type="checkbox"/>
Lead by Example <input type="checkbox"/>	Verbal Reminders <input type="checkbox"/>	Redirection <input type="checkbox"/>	Removal of Item <input type="checkbox"/>	Removal of Area <input type="checkbox"/>
Removal from Activity <input type="checkbox"/>	Peer to Peer Work <input type="checkbox"/>	Member Schedule <input type="checkbox"/>	Parent Involvement <input type="checkbox"/>	Time with Support Staff <input type="checkbox"/>
One Consequence at a Time <input type="checkbox"/>	Communicate Need <input type="checkbox"/>	Time-Limited Consequence <input type="checkbox"/>	Task-Oriented Consequence <input type="checkbox"/>	Time-Out Space <input type="checkbox"/>
Member Behavior Chart <input type="checkbox"/>	Say: I will have to call parent to discuss your actions today <input type="checkbox"/>	Say: I'm really disappointed in your behavior right now <input type="checkbox"/>	Say: If you can do X, then Y can happen. <input type="checkbox"/>	Say: No/Yes! <input type="checkbox"/>
Speak: Aggressively/Firmly <input type="checkbox"/>	Speak: Non-Threatening/Soft <input type="checkbox"/>	Speak: as you would to anyone else <input type="checkbox"/>	Consequence: Privately <input type="checkbox"/>	Consequence: Publicly <input type="checkbox"/>

Additional Detail: