

Monthly Program Actions Tracking Form

Program Name: _____ Month: _____

Staff ID: _____ Phone: _____

Number of Classrooms Participating: _____

Actions	Week 1 _/_/___	Week 2 _/_/___	Week 3 _/_/___	Week 4 _/_/___	TOTAL
Calls to families about child's behavioral concerns ¹					
Dismissal from program due to child's behavioral concerns (with no transfer to alternate program)					
Transfer to different program due to child's behavioral concerns					
Requests for assistance from mental health consultant, psychologist, or other professional due to child's behavioral concerns ²					
Family conferences scheduled to address child's behavioral concerns ³					

Please place a 0 in any of the categories if there were no occurrences

- 1 Only record phone calls that are not routine and are specifically conducted to address topic of child's problem behavior
- 2 Only record requests for assistance that are focused on addressing an individual child's problem behavior, not general technical assistance
- 3 Only record conferences that are convened to discuss child's problem behavior, not routine family conferences where behavior may be discussed