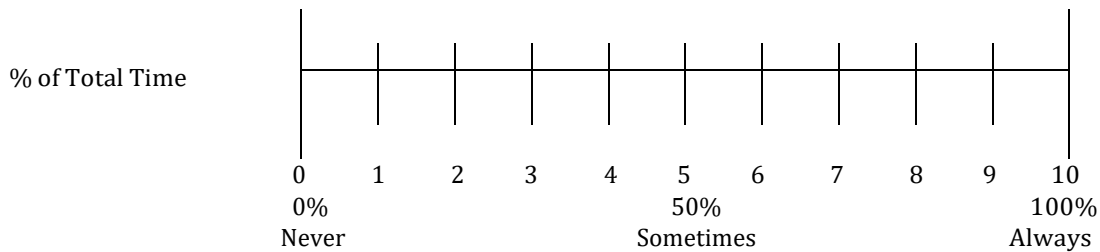


## Direct Behavior Rating (DBR) Form – Fill-in Behaviors

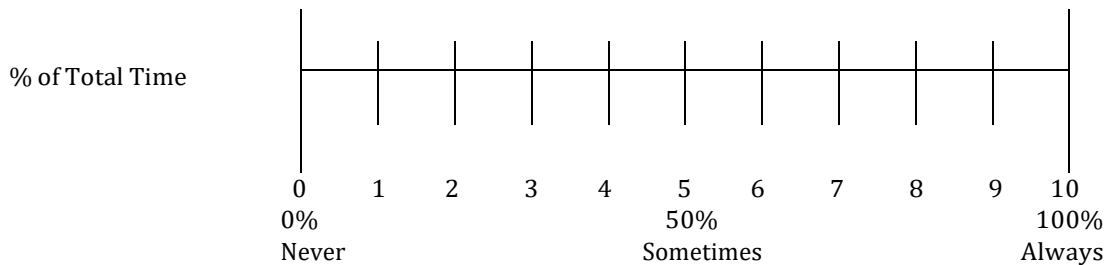
Date: M T W Th F	Student:  Rater:	Activity Description:
Observation Time: Start: _____ End: _____  <input type="checkbox"/> Check if no observation today	Behavior Descriptions:	

**Directions:** Place a mark along the line that best reflects the percentage of total time the student exhibited each target behavior. Note that the percentages do not need to total 100% across behaviors because some behaviors may co-vary. If desired, an additional behavior may be defined and rated.

Behavior: \_\_\_\_\_



Behavior: \_\_\_\_\_



Behavior: \_\_\_\_\_

