

Behavior Tracking Form for Teachers

Teacher's Name: _____

Date of Tracking: _____

Class/Subject: _____

School/Institution: _____

Behavior Objective:

Describe the behavior goal or standard being monitored.

Behavior Observations

- Respect Towards Students: Always Sometimes Rarely
- Classroom Management Skills: Effective Needs Improvement
- Punctuality: Always on Time Occasionally Late
- Professional Communication: Excellent Good Needs Improvement

Specific Behavior Notes:

Detail specific behaviors observed, including both positive interactions and areas needing improvement.

Daily Tracking Table

Date	Time	Observed Behavior	Notes/Comments

Action Steps

Any specific steps or strategies that can help improve or support behavior.

Reviewer's Signature: _____ **Date:** _____