

**Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)  
Big Behavior Tool (BB-T) 2.0**

**Facilitator is REQUIRED to complete the following tracking information every time data are collected :**

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	<b>Time 3</b> Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	<b>Time 4</b> Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends
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**How to complete this form:**

- Facilitator completes form in conjunction with parent/caregiver and Team whenever possible
- Answers to the Checklist should reflect the Caregiver/Facilitator/Team's experience with youth during the defined period of assessment

1) Date tool was completed: \_\_\_\_\_

2) Please identify the period of assessment:

- Time 1/Baseline   
  Time 2   
  Time 3   
  Time 4   
  Time 5   
  Time 6   
  Time 7   
  Time 8  
 Time 9   
  Time 10   
  Discharge

3) This tool was filled out by:    an individual    a team

4) If an individual, indicate role:  Parent/Caregiver    Teacher    ISTAC Coordinator    Wrap Facilitator  
 Family Focus Facilitator-Autism    PBIS Coach    Other \_\_\_\_\_

5) Student Name: \_\_\_\_\_   6) Student ID: \_\_\_\_\_

- 1 - Never: Behavior not observed during the last three months
- 2 - Monthly: Behavior observed not more than 1 time during the last month
- 3 - Bi-weekly: Behavior observed not more than 1 time during the last 2 weeks
- 4 - Weekly: Behavior observed not more than 1 time per week
- 5 - More than Weekly: Behavior observed 1-5 times per week
- 6- Daily: Behavior observed 1-5 times per day
- 7- More than Hourly: Behavior observed 1-5 per hour
- 8 - Always: Behavior observed 5-10 times per hour
- 9 - Constant: Behavior observed over 10 times per hour

	Community								
	1 Never	2 Monthly	3 Bi- Weekly	4 Weekly	5 Weekly+	6 Daily	7 Hourly+	8 Always	9 Constant
<b>EXTERNALIZED BEHAVIORS</b>									
7) Aggressive behavior toward others									
8) Aggressive behavior towards self									
9) Bolting or running									
10) Cheating									
11) Destruction of property									
12) Difficulty following routines									
13) Difficulty with self-control									
14) Difficulty with transitions									
15) Disrespectful									

	Community								
	1 Never	2 Monthly	3 Bi- Weekly	4 Weekly	5 Weekly+	6 Daily	7 Hourly+	8 Always	9 Constant
16) Easily distracted									
17) Easily frustrated									
18) Hyperactivity									
19) Inappropriate giggling/laughing									
20) Lack of social inhibition									
21) Loses temper									
22) Lying									
23) Oppositional/defiant									
24) Pica									
25) Refuses consequences									
26) Refuses requests									
27) Refuses to follow rules									
28) Runaway									
29) Seeks attention									
30) Social Skills deficit									
31) Steals									
32) Substance abuse									
33) Tantruming									
34) Theft									
35) Unaware of danger									
36) Verbally aggressive									
<b>INTERNALIZED BEHAVIORS</b>									
37) Anxiety									
38) Avoidance of others									
39) Danger to self									
40) Depression									
41) Distorted thoughts									
42) High agitation									
43) Inattentive									
44) Indifferent to others									

	Community								
	1 Never	2 Monthly	3 Bi- Weekly	4 Weekly	5 Weekly+	6 Daily	7 Hourly+	8 Always	9 Constant
45) Lack of social reciprocity									
46) Mood swings									
47) Obsessive compulsive behavior									
48) Poor hygiene									
49) Public masturbation									
50) Self-injurious behavior									
51) Sleeping problems									
52) Suicidal thought									
53) Truancy or unexplained absences									
54) Withdrawn									
<b>EXPRESSION</b>									
55) Difficulty with communication									
56) Irrelevant speech									
57) Low/non-expressive communication									
58) Low/No response to others									
59) Over/Under responsive to touch, sound, pain									
60) Poor self-help skills									
61) Repetitive behaviors									
62) Self-stimulatory behaviors									
<b>PHYSICAL</b>									
63) Diet/Digestive difficulty									
64) Seizures									
65) Other:									
66) Other:									

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<b>63)</b> Diet/Digestive difficulty									
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<b>65)</b> Other:									
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