

DBR Smiley Face Form – Choose Your Own Behaviors

Student Name: _____

Date: _____

Day of Week: M T W Th F

Rater Name: _____

Activity: _____

No rating today as I was unable to observe student sufficiently.

Directions: Place a mark along the line that best reflects the percentage of total time the student exhibited the target behaviors. Please note that the percentages DO NOT need to total 100% since some behaviors may co-occur.

