# ACTIVITY SCATTERPLOT DATA SHEET

**Student Name:** _____  **School:** _____**Grade:** _____

**Observer(s):** _____

**Student:** _____  **Month:** _____

**Describe Behavior:** _____
(be specific, ex: list behaviors such as hitting, kicking, spitting, NOT Aggression)

**Instructions:** Fill in the date at the top of the chart. List the student's daily activities in chronological order in the left column. For each activity, fill in the box according to the key provided. If you were unable to collect data, leave the box blank.

**Key:**
■ = Behavior Occurred
⊠ = Did not Occur
☐ = No Data

| Activity | Date | | | | | | | | | | | | | | | | | | | |
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| | MTW | RFMTW | RFMTW | RFMTW | RF | | | | | | | | | | | | | | | |
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