

Behavior Universal Rating Scale

Student Name: _____

Grade: _____

Rater Name: _____

Date: _____

In your opinion, to what degree are the listed behaviors a problem for the student and/or interferes with the student's ability to function on a daily basis and/or ability to be successful in school? Use the following scale and circle the appropriate number.

- 0 = Never exhibits the behavior
- 1 = Rarely exhibits the behavior so it is almost never a problem
- 2 = Sometimes exhibits the behavior so at times it is a problem
- 3 = Frequently exhibits the behavior so it often is a problem
- 4 = Consistently exhibits the behavior so it almost always is a problem

Put a check in the appropriate box for items with a score of 3 or 4.

BEHAVIOR	RATING					SCORE OF 3 or 4	
	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Frequently</i>	<i>Consistently</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Acting Out/Serious Misconduct (Disruptive Behavior)</i>							
1 Is verbally aggressive towards others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2 Takes property from others without permission.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3 Leaves the classroom without permission.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4 Destroys or vandalizes property of others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Fails to tell the truth.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
6 Is physically aggressive towards others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
7 Uses profane or obscene language.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
8 Avoids accepting responsibility for own behavior (e.g., blames others).	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
9 Is defiant toward authority.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
10 Is unable to manage anger in an acceptable manner.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
<i>Noncompliance in the Classroom (Defiant Behavior)</i>							
1 Cheats on homework, quizzes, or tests.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2 Leaves seat without permission.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3 Is unable to work independently.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4 Has difficulty accepting constructive criticism.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Fails to complete assignments.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
6 Contributes little or nothing when working on group activities.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
7 Fails to follow classroom rules and procedures.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
8 Fails to comply with teacher instructions (e.g., whines when asked to do something).	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
9 Is unprepared for class (e.g., does not bring materials, books, and supplies needed to class).	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
10 Disrupts teaching and learning by talking excessively, bothering others, and so on.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

Comments or other concerns:

BEHAVIOR	RATING					SCORE OF 3 or 4	
	Never	Rarely	Sometimes	Frequently	Consistently	<input type="checkbox"/>	<input type="checkbox"/>
Poor Peer Relationships (Difficult Behaviors)							
1 Teases/bullies others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2 Is avoided and/or teased by peers.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3 Has difficulty expressing feelings of friendship.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4 Responds to teasing in inappropriate ways.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Avoids joining peers in playing games or group activities.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
6 Teases or taunts others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
7 Has difficulty laughing or joking with peers.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
8 Has difficulty expressing empathy for peers.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
9 Is rude to peers.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
10 Rejects offers of friendship from peers.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Adjustment Problems (Difficult Behaviors)							
1 Complains of aches, pains, or sickness.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
2 Resists going to school.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
3 Appears to be unhappy/depressed.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
4 Appears to be tense, worried, anxious or fearful.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Talks pessimistically about the future.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
6 Appears to be either excessively restless or excessively lethargic.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
7 Shows little interest in most people or everyday events.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
8 Has difficulty concentrating.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
9 Has nervous habits or obsessive/compulsive behaviors.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>
10 Avoids interactions with others.	0	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>

Indicate with a check (✓) if any of the following applies to this student:

1 Has been hospitalized in a mental health facility.	<input type="checkbox"/>
2 Has been arrested and/or been in juvenile detention.	<input type="checkbox"/>
4 Has diagnosis of mental health issues.	<input type="checkbox"/>
5 Has been on runaway status.	<input type="checkbox"/>
6 Has attempted suicide and/or has talked about suicide or death wishes	<input type="checkbox"/>
7 Has experienced a traumatic event.	<input type="checkbox"/>
8 Has threatened to harm someone or wished someone harm.	<input type="checkbox"/>
9 Has cursed school personnel	<input type="checkbox"/>
10 Has experienced significant changes in attitude, activity involvement, concentration or grades.	<input type="checkbox"/>
11 Is involved in the court system	<input type="checkbox"/>
12 Is in counseling	<input type="checkbox"/>
13 Is on medication (Do not include medication for common physical ailments, such as allergies, sinus, etc.)	<input type="checkbox"/>
14 Receives services from mental health agency.	<input type="checkbox"/>