

**MACOMB AREA PATHWAYS PROGRAM  
ENTERING STUDENT BEHAVIORAL REPORT**



Student's Name \_\_\_\_\_ Referring District/School \_\_\_\_\_

**S=** Area of Strength      **W=** Area Needs Work      **P=** Serious Problem

Behavioral Area	S/W/P	Specific Observed Behaviors	Behavioral Goal
1. Attends to Tasks			
2. Appropriate Language			
3. Respect for Other Students			
4. Respect for Staff			
5. Conflict Management			
6. Anger Management			
7. Stress Management			
8. Attendance/Punctuality			
9. Follows Directions			
10. Self Control			
11. Kindness/Empathy			
12. Drug-Free			
13. Bus Behavior			
14. Other			

**Please Write Comments from Referring Staff on the Back Side**

\_\_\_\_\_  
Signature-Referring Administration

\_\_\_\_\_  
Phone/E-Mail

\_\_\_\_\_  
Signature-Referring Counselor/SSW

\_\_\_\_\_  
Phone/E-mail