

Behavior Incident Report

Child's ID: _____

Date: _____

Staff ID: _____

Time of Occurrence: _____

Program ID: _____

Classroom ID: _____

Behavior Description: _____

Problem Behavior (check most intrusive)

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Unsafe behaviors |
| <input type="checkbox"/> Stereotypic Behavior | <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Trouble falling asleep |
| <input type="checkbox"/> Disruption/Tantrums | <input type="checkbox"/> Social withdrawal/ isolation | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Inconsolable crying | <input type="checkbox"/> Running away | |

Activity (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meals | <input type="checkbox"/> Departure |
| <input type="checkbox"/> Classroom jobs | <input type="checkbox"/> Quiet time/Nap | <input type="checkbox"/> Clean-up |
| <input type="checkbox"/> Circle/Large group activity | <input type="checkbox"/> Outdoor play | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Small group activity | <input type="checkbox"/> Special activity/ Field trip | <input type="checkbox"/> Individual activity |
| <input type="checkbox"/> Centers/Indoor play | <input type="checkbox"/> Self-care/Bathroom | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Transition | |

Others Involved (check all that apply)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Family Member | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Support/ Administrative staff | <input type="checkbox"/> None |
| <input type="checkbox"/> Therapist | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other_____ |

Possible motivation (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Obtain desired item | <input type="checkbox"/> Gain adult attention/comfort | <input type="checkbox"/> Avoid sensory |
| <input type="checkbox"/> Obtain desired activity | <input type="checkbox"/> Avoid adults | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gain peer attention | <input type="checkbox"/> Avoid task | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Avoid peers | <input type="checkbox"/> Obtain sensory | |

Strategy/ Response (check one or the most intrusive)

- | | | |
|---|--|---|
| <input type="checkbox"/> Verbal reminder | <input type="checkbox"/> Time with a teacher | <input type="checkbox"/> Family contact |
| <input type="checkbox"/> Curriculum modification | <input type="checkbox"/> Re-teach/practice expected behavior | <input type="checkbox"/> Loss of item/privilege |
| <input type="checkbox"/> Move within group | <input type="checkbox"/> Time in different classroom | <input type="checkbox"/> Time out |
| <input type="checkbox"/> Remove from activity | <input type="checkbox"/> Time with support staff | <input type="checkbox"/> Physical guidance |
| <input type="checkbox"/> Remove from area | <input type="checkbox"/> Redirect to different activity/toy | <input type="checkbox"/> Physical hold/restrain |
| <input type="checkbox"/> Provide physical comfort | | <input type="checkbox"/> Other_____ |

If applicable, administrative follow-up (check one or most intrusive)

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-applicable | <input type="checkbox"/> Arrange behavioral consultation/ team | <input type="checkbox"/> Reduce hours in program |
| <input type="checkbox"/> Talk with child | <input type="checkbox"/> Targeted group intervention | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Contact family | <input type="checkbox"/> Transfer to another program | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Family meeting | | |

Comments: _____
