

Behavior Incident Report

Child's ID: _____ Staff ID: _____ Program ID: _____ School ID: _____ Behavior Description:	Date: _____ Time of Occurrence: _____ Classroom ID: _____
Problem Behavior (<i>check most intrusive</i>)	
<input type="checkbox"/> Physical aggression <input type="checkbox"/> Self injury <input type="checkbox"/> Stereotypic Behavior <input type="checkbox"/> Disruption/Tantrums <input type="checkbox"/> Inconsolable crying	<input type="checkbox"/> Inappropriate language <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Non-compliance <input type="checkbox"/> Social withdrawal/ isolation
<input type="checkbox"/> Running away <input type="checkbox"/> Property damage <input type="checkbox"/> Unsafe behaviors <input type="checkbox"/> Trouble falling asleep <input type="checkbox"/> Other_____	
Activity (<i>check one</i>)	
<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom jobs <input type="checkbox"/> Circle/Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Centers/Indoor play <input type="checkbox"/> Diapering	<input type="checkbox"/> Meals <input type="checkbox"/> Quiet time/Nap <input type="checkbox"/> Outdoor play <input type="checkbox"/> Special activity/ Field trip <input type="checkbox"/> Self-care/Bathroom <input type="checkbox"/> Transition
<input type="checkbox"/> Departure <input type="checkbox"/> Clean-up <input type="checkbox"/> Therapy <input type="checkbox"/> Individual activity <input type="checkbox"/> Other_____	
Others Involved (<i>check all that apply</i>)	
<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Therapist	<input type="checkbox"/> Family Member <input type="checkbox"/> Support/ Administrative staff <input type="checkbox"/> Substitute
<input type="checkbox"/> Peers <input type="checkbox"/> None <input type="checkbox"/> Other_____	
Possible motivation (<i>check one</i>)	
<input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Gain peer attention <input type="checkbox"/> Avoid peers	<input type="checkbox"/> Gain adult attention/comfort <input type="checkbox"/> Avoid adults <input type="checkbox"/> Avoid task
<input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know <input type="checkbox"/> Other_____	
Strategy/ Response <i>(check one or the most intrusive)</i>	
<input type="checkbox"/> Verbal reminder <input type="checkbox"/> Curriculum modification <input type="checkbox"/> Move within group <input type="checkbox"/> Remove from activity <input type="checkbox"/> Remove from area <input type="checkbox"/> Provide physical comfort <input type="checkbox"/> Time with a teacher	<input type="checkbox"/> Re-teach/practice expected behavior <input type="checkbox"/> Time in different classroom <input type="checkbox"/> Time with support staff <input type="checkbox"/> Redirect to different activity/toy
<input type="checkbox"/> Family contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Time out <input type="checkbox"/> Physical guidance <input type="checkbox"/> Physical hold/restrain <input type="checkbox"/> Other_____	
If applicable, administrative follow-up <i>(check one or most intrusive)</i>	
<input type="checkbox"/> Non-applicable <input type="checkbox"/> Talk with child <input type="checkbox"/> Contact family <input type="checkbox"/> Family meeting	<input type="checkbox"/> Arrange behavioral consultation/team <input type="checkbox"/> Targeted group intervention
<input type="checkbox"/> Transfer to another program <input type="checkbox"/> Reduce hours in program <input type="checkbox"/> Dismissal <input type="checkbox"/> Other_____	

Comments:
