

# Behavior Incident Report

Child Name: \_\_\_\_\_ Center/Classroom: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Report Completed by: Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Key Question:**

Was physical harm caused (or could it have been caused) by the child's behavior in this incident? Yes  No

**Content of Incident:** Check all information related to what happened before, during & after.

What happened immediately prior to:	Behavior(s):	Teacher response(s):
Appeared to be in discomfort	Noncompliance / aversion to task	Redirection
Asked to do something	Biting/Spitting	Interruption / blocking
Bored – child not engaged	Physical / verbal aggression (profanity)	Provide physical comfort
Could not get desired item	Destroying Property	Verbal reminder
Loud / disruptive environment	Provoking / teasing others	When/then
Nothing – “out of the blue”	Running away	Removed from area
Ongoing behavior interrupted	Screaming / tantrum	Time-out
Other student provoked	Self-injurious behavior	Remove Item
Sensory related – touch, smell, etc.	Sudden/extreme withdrawal	Re-teach/practice expected behavior
Stopped from doing activity	Inconsolable crying	Move within group
Transitional time	Unsafe behaviors	Contact parent(s) and/or family member
Attention given to others	Inappropriate language	Curriculum modification
Other:	Other:	Other:

**Activity:**

Arrival/ Departure	Breakfast/Lunch/Snack	Nap Time
Transitions	Centers/Indoor Play	Outdoor play
Carpet time	Group activity	Classroom jobs (helper chart)

**Describe Incident:**

Include any relevant details of the challenging behavior(s)

**Parent Communication:**

**Parent must be notified of the incident.** Name of Parent Notified: \_\_\_\_\_

How was this information shared with this child's parents?

- |   |   |
|---|---|
| <input type="checkbox"/> Spoke with parent in person at center<br><input type="checkbox"/> Spoke with parent on phone<br><input type="checkbox"/> Sent home in writing with child | <input type="checkbox"/> Left message on parent's phone; requesting a call back.<br><input type="checkbox"/> Sent home via mail<br><input type="checkbox"/> Other |
|---|---|

**Parent Feedback:**

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_