

Behavior Incident Report

Child's Name: _____ Time of Occurrence: _____

Behavior Description:

Problem Behavior (Circle most intrusive)

- | | | |
|--|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Self Stimulatory Behavior | <input type="checkbox"/> Teasing | <input type="checkbox"/> Unsafe behaviors |
| <input type="checkbox"/> Disruption/Tantrums | | <input type="checkbox"/> Other _____ |

Location of Incident (Circle One)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Assigned Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Therapy Room | <input type="checkbox"/> Other Classroom | |

Activity (Circle 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"/> Transition |
| <input type="checkbox"/> Large group activity | <input type="checkbox"/> Outdoor play | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Centers/Workshops | <input type="checkbox"/> Special activity | <input type="checkbox"/> Individual activity |
| <input type="checkbox"/> Small group activity | <input type="checkbox"/> Self-care | <input type="checkbox"/> Other _____ |

Others Involved (circle 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

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

Strategy/Consequence (circle all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal reminder | <input type="checkbox"/> Remove from activity | <input type="checkbox"/> Ignore the behavior |
| <input type="checkbox"/> Redirection | <input type="checkbox"/> Time with other adult in different classroom | <input type="checkbox"/> Time with support staff |
| <input type="checkbox"/> Removal of item | <input type="checkbox"/> Family contact | <input type="checkbox"/> Physical guidance |
| <input type="checkbox"/> Curriculum modification | <input type="checkbox"/> Removal from class | <input type="checkbox"/> Home with parent |
| <input type="checkbox"/> Move within group | | <input type="checkbox"/> Other _____ |

Comments: _____

Teacher: _____ Date: _____