

# Behavior Incident Report

Total # of Times Behavior  
Occurred per Day

Child's Name: _____ Time of Occurrence: _____		
Behavior Description:		
<b>Problem Behavior (Circle most intrusive)</b>		
<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 _____
<b>Location of Incident (Circle One)</b>		
<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	
<b>Activity (Circle one)</b>		
<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 _____
<b>Others Involved (circle all that apply)</b>		
<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 _____
<b>Possible motivation</b>		
<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 _____
<b>Strategy/Consequence (circle all that apply)</b>		
<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: \_\_\_\_\_

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

Parent Received Copy