# Behavior Incident Report

**Child's Name:** ______________________

**Does Child have IEP? (circle one)**
- Yes
- No

**Date:** __________________________

**Time of Occurrence:** ____________

**Staff Completing Form** ________________

## Behavior Description:

### Problem Behavior (check most intrusive)
- Physical aggression
- Self Injury
- Stereotypic Behavior
- Disruption/Tantrums
- Inconsolable Crying
- Inappropriate Language
- Running Away
- Property Damage
- Unsafe Behaviors
- Trouble Staying Awake
- Other ____________

### Activity (check one)
- Arrival
- Classroom Jobs
- Circle/Large Group Activity
- Small Group Activity
- Centers/Indoor Play
- Diapering
- Meals/Snack
- Outdoor Play
- Special Activity/Field Trip
- Self-Care/Bathroom
- Transition
- Departure
- Clean-Up
- Therapy
- Individual Activity
- Other ____________

### Others Involved (check all that apply)
- Teacher
- Paraprofessional
- Student Teacher
- OT
- PT
- SLP
- Family Member
- Other Support Staff
- Substitute
- Peers
- None
- Other ____________

### Possible Motivation (check one)
- Obtain desired item
- Obtain desired activity
- Gain adult attention/comfort
- Gain adult task
- Avoid adults
- Gain child attention/comfort
- Avoid child task
- Obtain Sensory
- Avoid Sensory
- Don't Know
- Other ____________

### Strategy/Response (check one or the most intrusive)
- Verbal reminder
- Curriculum modification
- Move within group
- Remove from activity
- Remove from area
- Provide physical comfort
- Time with teacher
- Re-teach/Practice expected behavior
- Time in different classroom
- Time with support staff
- Redirect to different activity/toy
- Family contact
- Loss of item/privilege
- Physical guidance
- Physical hold/restraint
- Other ____________

### If applicable, administrative follow-up (check one or most intrusive)
- Non-applicable
- Talk with child
- Contact with family
- Family meeting
- Arrange behavioral consultation/team intervention
- Transfer to another program
- Targeted group intervention
- Reduce hours in program
- Other ____________

**Comments:**
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