

Behavior Incident Report

Child's Initials/Code: _____		Program: _____	
Date: _____		Time of Occurrence: _____	
Referring Staff: _____			
Behavior Description:			
Problem Behavior (check most intrusive)			
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Running away	
<input type="checkbox"/> Self injury	<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Property damage	
<input type="checkbox"/> Stereotypic Behavior	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Unsafe behaviors	
<input type="checkbox"/> Disruption/Tantrums	<input type="checkbox"/> Social withdrawal/ isolation	<input type="checkbox"/> Trouble falling asleep	
<input type="checkbox"/> Inconsolable crying		<input type="checkbox"/> Other _____	
Activity (check 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"/> Clean-up	
<input type="checkbox"/> Circle/Large group activity	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Therapy	
<input type="checkbox"/> Small group activity	<input type="checkbox"/> Special activity/ Field trip	<input type="checkbox"/> Individual activity	
<input type="checkbox"/> Centers/Indoor play	<input type="checkbox"/> Self-care/Bathroom	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Diapering	<input type="checkbox"/> Transition		
Others Involved (check 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 (check one)			
<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Gain adult attention/comfort	<input type="checkbox"/> Obtain sensory	
<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid adults	<input type="checkbox"/> Avoid sensory	
<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid task	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Avoid peers		<input type="checkbox"/> Other	
Strategy/ Response (check one or the most intrusive)			
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Re-teach/practice expected behavior	<input type="checkbox"/> Family contact	
<input type="checkbox"/> Curriculum modification	<input type="checkbox"/> Time in different classroom	<input type="checkbox"/> Loss of item/privilege	
<input type="checkbox"/> Move within group	<input type="checkbox"/> Time with support staff	<input type="checkbox"/> Time out	
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Redirect to different activity/toy	<input type="checkbox"/> Physical guidance	
<input type="checkbox"/> Remove from area		<input type="checkbox"/> Physical hold/ restrain	
<input type="checkbox"/> Provide physical comfort		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Time with a teacher			
If applicable, administrative follow-up (check one or most intrusive)			
<input type="checkbox"/> Non-applicable	<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Transfer to another program	
<input type="checkbox"/> Talk with child	<input type="checkbox"/> Targeted group intervention	<input type="checkbox"/> Reduce hours in program	
<input type="checkbox"/> Contact family		<input type="checkbox"/> Dismissal	
<input type="checkbox"/> Family meeting		<input type="checkbox"/> Other	

Comments:
