

## Behavior Incident Report

<b>Child's Name/ID:</b> _____ <b>Program:</b> _____ <b>Classroom:</b> _____		
<b>Date:</b> _____ <b>Time of Occurrence:</b> _____ <b>Referring Staff:</b> _____		
<b>ROUTINE (check one)</b>		
<input type="checkbox"/> Arrival	<input type="checkbox"/> Departure	<input type="checkbox"/> Quiet time/Nap
<input type="checkbox"/> Center/Workshop	<input type="checkbox"/> Free play	<input type="checkbox"/> Self-care/Bathroom
<input type="checkbox"/> Circle/Large group activity	<input type="checkbox"/> Individual activity	<input type="checkbox"/> Small group activity
<input type="checkbox"/> Classroom jobs	<input type="checkbox"/> Meals	<input type="checkbox"/> Special activity/Field trip
<input type="checkbox"/> Clean-up	<input type="checkbox"/> Other	<input type="checkbox"/> Therapy
	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Transition
<b>MOTIVATION (check up to 2; label "P" for primary motivation and "A" for alternative motivation)</b>		
<input type="checkbox"/> Obtain preferred item	<input type="checkbox"/> Obtain sensory stimulation	<input type="checkbox"/> Avoid adult attention
<input type="checkbox"/> Obtain preferred activity	<input type="checkbox"/> Avoid/escape non-preferred task/activity	<input type="checkbox"/> Avoid sensory overstimulation
<input type="checkbox"/> Obtain peer attention	<input type="checkbox"/> Avoid peer attention	<input type="checkbox"/> Unknown
<input type="checkbox"/> Obtain adult attention		<input type="checkbox"/> Other _____
<b>CHALLENGING BEHAVIOR (check up to 3; label "C" for challenging behavior, "A" for accelerating and "P" for peak)</b>		
<input type="checkbox"/> Disruption/Tantrum	<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Social withdrawal/isolation
<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Property damage	<input type="checkbox"/> Unsafe behaviors
<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Running away	<input type="checkbox"/> Verbal aggression
<input type="checkbox"/> Other _____	<input type="checkbox"/> Self-injury	
<b>STAFF RESPONSE (check one or the most intrusive)</b>		
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Re-teach and practice behavior	<input type="checkbox"/> Loss of item/privilege
<input type="checkbox"/> Curriculum modification	<input type="checkbox"/> Physical guidance	<input type="checkbox"/> Physical hold/restrain
<input type="checkbox"/> Move within group	<input type="checkbox"/> Time with adult in different classroom/Support staff	<input type="checkbox"/> Other _____
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Family contact	<input type="checkbox"/> Unknown
<input type="checkbox"/> Remove from area		
<b>ADMINISTRATIVE FOLLOW-UP (check one or the most intrusive)</b>		
<input type="checkbox"/> Talk with child	<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Transfer to another program
<input type="checkbox"/> Telephone contact with parent/family	<input type="checkbox"/> Reduce hours in program	<input type="checkbox"/> Early dismissal
<input type="checkbox"/> Parent/Family meeting	<input type="checkbox"/> Targeted group intervention	<input type="checkbox"/> Other _____
<b>INVOLVED PERSONS (check all that apply)</b>		
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family worker	<input type="checkbox"/> Peers
<input type="checkbox"/> Assistant teacher	<input type="checkbox"/> Guidance/mental health staff	<input type="checkbox"/> Other _____
<input type="checkbox"/> Administrator	<input type="checkbox"/> Paraeducator	<input type="checkbox"/> Unknown
<input type="checkbox"/> Related service	<input type="checkbox"/> Family member	

**Comments:**

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