



Timberlane Learning Center Behavior Incident Report

Child's Name: _____ Classroom: _____ Date: _____

Routine (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meals | <input type="checkbox"/> Departure |
| <input type="checkbox"/> Classroom jobs | <input type="checkbox"/> Special activity/
Assembly | <input type="checkbox"/> Clean-up |
| <input type="checkbox"/> Circle/Large group activity | <input type="checkbox"/> Self-care/Bathroom | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Small group activity | <input type="checkbox"/> Transition | <input type="checkbox"/> Individual activity |
| <input type="checkbox"/> Centers/Workshops | | <input type="checkbox"/> Exploration |
| | | <input type="checkbox"/> Other _____ |

Motivation (check up to 2)

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

Challenging Behavior (Number 1, 2, 3 if chain)

- | | |
|---|---|
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Non-compliance |
| <input type="checkbox"/> Disruption/Tantrum | <input type="checkbox"/> Unsafe behaviors |
| <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Other _____ |

Involved Persons (check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Assistant teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Support/Admin. staff |
| <input type="checkbox"/> Peers | <input type="checkbox"/> None | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Substitute | <input type="checkbox"/> Therapist |

Teacher/Staff Response

(Check one or the most intrusive)

- | | | |
|--|---|--|
| <input type="checkbox"/> Re-Teach/Practice | <input type="checkbox"/> Curriculum
Modification | <input type="checkbox"/> Time adult different location |
| <input type="checkbox"/> Verbal Reminder | <input type="checkbox"/> Family Contact | <input type="checkbox"/> CALM™ Procedure |
| <input type="checkbox"/> Remove from Area | <input type="checkbox"/> Loss of item/privilege | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Physical Guidance | <input type="checkbox"/> Move within group | |

Comments: