

Child's Name \_\_\_\_\_ Staff reporting: \_\_\_\_\_

Date \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ Description of Behavior: \_\_\_\_\_

**Problem Behavior:** most intrusive (what did it look like?)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Physical Aggression<br>(hit, bite, kick)   | <input type="checkbox"/> Non-compliance (not following<br>directions (saying "No")) | <input type="checkbox"/> Unsafe Behaviors  |
| <input type="checkbox"/> Verbal Aggression<br>(yell, curse, scream) | <input type="checkbox"/> Running away from the group<br>or activity                 | <input type="checkbox"/> Tantrum           |
| <input type="checkbox"/> Destroying Property                        | <input type="checkbox"/> Withdrawn  | <input type="checkbox"/> Disruption        |
|   |   | <input type="checkbox"/> Other (describe): |

**Activity:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arrival            | <input type="checkbox"/> Outdoor Play       | <input type="checkbox"/> Individual Activity         |
| <input type="checkbox"/> Circle/Large Group | <input type="checkbox"/> Self-Care/Bathroom | <input type="checkbox"/> Therapy                     |
| <input type="checkbox"/> Snack/Meal         | <input type="checkbox"/> Transition         | <input type="checkbox"/> Special Activity/Field Trip |
| <input type="checkbox"/> Small Group        | <input type="checkbox"/> Clean Up           | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Centers/Free Play  | <input type="checkbox"/> Departure          |  |

**Others Involved:** (check all that apply)

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

**What happened before:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Told/Asked to do something | <input type="checkbox"/> Others playing nearby              | <input type="checkbox"/> Changed/ended activity    |
| <input type="checkbox"/> Removed an object          | <input type="checkbox"/> Playing Alone                      | <input type="checkbox"/> Object out of reach       |
| <input type="checkbox"/> Not a preferred activity   | <input type="checkbox"/> Others entered child's play area   | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity    | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Other (describe):         |
| <input type="checkbox"/> Told "no", "Don't", "Stop" | <input type="checkbox"/> Attention given to others          |  |

**What happened after:** (Strategy/Teacher Response)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Verbal Reminder                               | <input type="checkbox"/> Time with other adult in same<br>classroom      | <input type="checkbox"/> Given assistance/ help |
| <input type="checkbox"/> Curriculum Modification                       | <input type="checkbox"/> Time with other adult in different<br>classroom | <input type="checkbox"/> Put in "time out"      |
| <input type="checkbox"/> Move within group<br>Given an object/activity | <input type="checkbox"/> Punished or scolded                             | <input type="checkbox"/> Ignored                |
| <input type="checkbox"/> Given Social Attention                        | <input type="checkbox"/> Removed from activity/area                      | <input type="checkbox"/> Other (describe):      |
| <input type="checkbox"/> Request or demand withdrawn                   |  |   |

**Possible purpose of behavior:** (most intrusive)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Get/obtain desired item     | <input type="checkbox"/> Obtain sensory     | <input type="checkbox"/> Avoid sensory |
| <input type="checkbox"/> Get/obtain desired activity | <input type="checkbox"/> Avoid task         | <input type="checkbox"/> Don't know    |
| <input type="checkbox"/> Gain peer/adult attention   | <input type="checkbox"/> Avoid peers/adults | <input type="checkbox"/> Other:        |
| <input type="checkbox"/> Attempting to communicate   | <input type="checkbox"/> Control/Power      |  |

**Are there other setting events or lifestyle influences that may be affecting the child's behavior?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Hunger                         | <input type="checkbox"/> Absence of a person                          | <input type="checkbox"/> Extreme change in routine                           |
| <input type="checkbox"/> Uncomfortable clothing         | <input type="checkbox"/> Loud Noise                                   | <input type="checkbox"/> Family/home stress or change<br>in living situation |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick   | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Too hot/cold                   | <input type="checkbox"/> Lack of sleep                                |  |
| <input type="checkbox"/> Medication Side effects        | <input type="checkbox"/> Unexpected loss or change in activity/object |  |

**Follow-Up:** (check one or most intrusive)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Non-applicable  | <input type="checkbox"/> Targeted group/class intervention<br>or class/routine modification | <input type="checkbox"/> Classroom Behavior Instr. Plan |
| <input type="checkbox"/> Talk with child | <input type="checkbox"/> Continued observation/tracking of<br>behavior                      | <input type="checkbox"/> Arrange behavioral consult     |
| <input type="checkbox"/> Contact Family  |   |   |

**Comments:**