

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 (hit, bite, kick) | <input type="checkbox"/> Non-compliance (not following directions (saying "No")) | <input type="checkbox"/> Unsafe Behaviors |
| <input type="checkbox"/> Verbal Aggression (yell, curse, scream) | <input type="checkbox"/> Running away from the group 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 Withdrawn | 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 classroom | <input type="checkbox"/> Given assistance/ help |
| <input type="checkbox"/> Curriculum Modification | <input type="checkbox"/> Time with other adult in different classroom | <input type="checkbox"/> Put in "time out" |
| <input type="checkbox"/> Move within group 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 attention | <input type="checkbox"/> Avoid peers | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Gain adult attention | <input type="checkbox"/> Avoid adults | |

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

Comments: