Greene-Sullivan Special Education Cooperative
Functional Behavior Assessment

BEHAVIOR INCIDENT REPORT

Completed by school personnel directly involved in the incident

Student's Name: _____ **Date:** _____

Day of Week (check): ☐ M ☐T ☐W ☐ TH ☐ F **Clock Time** of Incident: _____ ☐am ☐ pm
Subject Area: _____ **Location** of Incident: _____

Person Completing Form: _____

Names/Titles of All School Personnel with Student at Time of Incident:

_____ _____
_____ _____
_____ _____
_____ _____

Student was involved in (Check one): ☐Individual ☐Small Group (3-5) ☐ Full Class Instruction ☐ Unstructured Setting

1. Describe problem behavior (be specific): _____

_____
_____
_____
_____

2. What was happening just prior to the behavior incident? _____

_____
_____
_____
_____

3. What was the adult's response? _____

_____
_____
_____
_____

4. What was the student's reaction? _____

_____
_____
_____
_____

5. What was the student's consequence? _____

_____
_____
_____
_____

6. Comments (check/complete):
   A. Was this incident physically threatening? ☐Yes ☐No
   B. Was this incident dangerous? ☐Yes ☐No
   C. Was this incident dangerous to others? ☐Yes ☐No
   D. Did this incident result in property damage? ☐Yes ☐No
   E. Did this incident interfere with learning? ☐Yes ☐No
   F. Has this been a problem for some time? ☐Yes ☐No
   G. If so, how long has it been a problem? _____
   H. Did this behavior interfere with the student's acceptance by peers/school/community? ☐Yes ☐No
   I. Has this incident been shared with the student's parent/guardian? ☐Yes ☐No

7. For students referred to an administrator, what administrative action was taken? _____
_____
_____

If part of a Functional Behavior Plan or Behavior Intervention Plan, return to the Teacher of Record.
If Seclusion or Restraint was used during the incident, continue.

Seclusion or Restraint Information

(Note: Complete the sections below ONLY if a ***Seclusion or Restraint*** *was used during the incident.)*

1. Beginning time of seclusion or restraint: _____
2. End time of seclusion or restraint: _____
3. Describe the seclusion or restraint used: _____

4. Please describe any effects of the seclusion or restraint: _____
_____
_____
_____
_____

5. Describe the debriefing of the student and/or staff involved in the incident: _____
_____
_____
_____
_____

6. The administrator attempted to **verbally notify the parent** of the seclusion or restraint the same day as the incident requiring seclusion or restraint- **Date:** _____ **Time:** _____

7. The completed **Behavior Incident Report** was sent to
   - ✓ the parent, ____
   - ✓ saved to the student's record, ____
   - ✓ and sent to the Director of Special Education ____

   Date: _____ **Time**: _____