

Behavior Incident Report



Child: _____

Date: _____ Classroom: _____

Teacher: _____

Problem Behavior: (See definitions on backside of sheet)

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Moving out of assigned area / Running Away | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Refusing to follow directions |
| <input type="checkbox"/> Disruption/Tantrums | <input type="checkbox"/> Excessive and inappropriate attention-seeking behaviors | <input type="checkbox"/> Unsafe behavior |
| <input type="checkbox"/> Bullying classmates | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Making inappropriate gestures | | |
| <input type="checkbox"/> Biting | | |

Location of Incident:

- | | | |
|---|--|--|
| <input type="checkbox"/> Assigned classroom | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Outside(Front or Back yard) | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Unsafe behavior |
| <input type="checkbox"/> Hallway (1 st or 2 nd floor) | <input type="checkbox"/> Other classroom _____ | <input type="checkbox"/> Stairwell |
| | | <input type="checkbox"/> Other _____ |

Activity Time:

- | | | |
|---|---|---|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meals | <input type="checkbox"/> Transition from _____ to _____ |
| <input type="checkbox"/> Large group activity | <input type="checkbox"/> Quiet Time/Nap | |
| <input type="checkbox"/> Small group activity | <input type="checkbox"/> Outdoor play | <input type="checkbox"/> Individual activity |
| <input type="checkbox"/> Self-care (Bathroom) | <input type="checkbox"/> Special activity _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Departure | | |

Others Involved:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Family member | <input type="checkbox"/> None |
| <input type="checkbox"/> Assistant teacher | <input type="checkbox"/> Admin staff/substitute | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Peers | | |

Possible motivation:

- | | | |
|--|---|---------------------------------------|
| <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"/> Avoid task | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Gain peer attention | <input type="checkbox"/> Avoid peers | <input type="checkbox"/> Other _____ |

Strategy/Consequence:

- | | | |
|--|---|---|
| <input type="checkbox"/> Verbal reminder | <input type="checkbox"/> Time with other adult in different classroom | <input type="checkbox"/> Move within group |
| <input type="checkbox"/> Redirection | <input type="checkbox"/> Removal from class | <input type="checkbox"/> Remove from activity |
| <input type="checkbox"/> Removal of Item | <input type="checkbox"/> Ignore the behavior | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loss of privilege | | |
| <input type="checkbox"/> Family contact | | |

Effect on behavior:

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Stopped | <input type="checkbox"/> No effect | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Escalated | <input type="checkbox"/> Diminished but still present | |

Parent action:

- | | | |
|---|---|--|
| <input type="checkbox"/> Has observed specified behavior in classroom | <input type="checkbox"/> Enroll in Counseling by: _____ | <input type="checkbox"/> Have child seen by primary care physician |
| <input type="checkbox"/> Behavior has occurred at home / Does occur at home | <input type="checkbox"/> Enroll in Early Mental Health Consultant Program | |

Action to be taken:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Suspension _____ day(s) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Written Warning | <input type="checkbox"/> Dismissal from program effective _____ | |

Additional comments:

Signature of Director/ Assistant Director _____

Signature of Teacher _____

Signature of Parent _____

- ☐
- (Parent refused to sign form)

Date: _____ Staff person who witnessed the Incident _____

Behavior	Definition
Physical Aggression	Making physical contact with an adult or peer where injury may occur.
Self-Injury	Physically abusing self.
Disruption/Tantrum	Causing an interruption in class or activity or activity.
Bullying classmates	Verbally abusing another child.
Making inappropriate gestures	Use of body gesture and inappropriate actions convey feelings of disrespect or arrogance.
Biting	Biting children or adults.
Moving out of assigned area / Running away	Leaving the supervised area alone and without permission.
Inappropriate language	Use of bad language, strong language, coarse language, foul language, bad words, vulgar language, swearing, cursing or cussing.
Excessive attention-seeking behaviors	Behaving in a way which is in pursuit of attention from others where such behavior is excessive and inappropriate.
Property damage	Deliberately impairing or destroying items.
Refusing to follow directions	Refusal to follow the rules, instructions or indications.
Unsafe behavior	Engaging in dangerous acts with materials.
Running away	Leaving the supervised area alone and without permission.