

Behavior Incident Report

Child's Name: _____	Does Child have IEP? (circle one) Yes No
Date: _____	Time of Occurrence: _____
Staff Completing Form _____	
Behavior Description: ›	
Problem Behavior (check most intrusive)	
<input type="checkbox"/> Physical aggression <input type="checkbox"/> Self Injury <input type="checkbox"/> Stereotypic Behavior <input type="checkbox"/> Disruption/Tantrums	<input type="checkbox"/> Inconsolable Crying <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Non-compliance <input type="checkbox"/> Social withdrawal/isolation
<input type="checkbox"/> Running Away <input type="checkbox"/> Property Damage <input type="checkbox"/> Unsafe Behaviors <input type="checkbox"/> Trouble Staying Awake <input type="checkbox"/> Other _____	
Activity (check one)	
<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input type="checkbox"/> Circle/Large Group Activity <input type="checkbox"/> Small Group Activity <input type="checkbox"/> Centers/Indoor Play	<input type="checkbox"/> Diapering <input type="checkbox"/> Meals/Snack <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Self-Care/Bathroom <input type="checkbox"/> Transition
<input type="checkbox"/> Departure <input type="checkbox"/> Clean-Up <input type="checkbox"/> Therapy <input type="checkbox"/> Individual Activity <input type="checkbox"/> Other _____	
Others Involved (check all that apply)	
<input type="checkbox"/> Teacher <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Student Teacher <input type="checkbox"/> OT	<input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Family Member <input type="checkbox"/> Other Support Staff
<input type="checkbox"/> Substitute <input type="checkbox"/> Peers <input type="checkbox"/> None <input type="checkbox"/> Other _____	
Possible Motivation (check one)	
<input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Gain peer attention <input type="checkbox"/> Avoid Peers	<input type="checkbox"/> Gain adult attention/comfort <input type="checkbox"/> Avoid adults <input type="checkbox"/> Avoid task
<input type="checkbox"/> Obtain Sensory <input type="checkbox"/> Avoid Sensory <input type="checkbox"/> Don't Know <input type="checkbox"/> Other _____	
Strategy/Response (check one or the most intrusive)	
<input type="checkbox"/> Verbal reminder <input type="checkbox"/> Curriculum modification <input type="checkbox"/> Move within group <input type="checkbox"/> Remove from activity <input type="checkbox"/> Remove from area <input type="checkbox"/> Provide physical comfort	<input type="checkbox"/> Time with teacher <input type="checkbox"/> Re-teach/practice expected behavior <input type="checkbox"/> Time in different classroom <input type="checkbox"/> Time with support staff <input type="checkbox"/> Redirect to different activity/toy
<input type="checkbox"/> Family contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Physical guidance <input type="checkbox"/> Physical hold/restrain <input type="checkbox"/> Other _____	
If applicable, administrative follow-up (check one or most intrusive)	
<input type="checkbox"/> Non-applicable <input type="checkbox"/> Talk with child <input type="checkbox"/> Contact with family <input type="checkbox"/> Family meeting	<input type="checkbox"/> Arrange behavioral consultation/team <input type="checkbox"/> Targeted group intervention
<input type="checkbox"/> Transfer to another program <input type="checkbox"/> Reduce hours in program <input type="checkbox"/> Other _____	

Comments:

The contents of this resource were developed under an agreement from the Federal Department of Education to the Kansas State Department of Education. However, the contents do not necessarily represent the policy of the Department of Education, and endorsement by the Kansas State Department of Education or the Federal Government should not be assumed. Kansas MTSS and Alignment is funded through Part B funds administered by the Kansas State Department of Education's Special Education and Title Services. Keystone Learning Services does not discriminate on the basis of race, color, national origin, sex, disability, or age in this program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Keystone Learning Services Executive Director, 500 E. Sunflower Blvd, Ozawie, KS 66070, 785-876-2214.