

Behavior Incident Report

Child's Name: _____ Date: _____

Time of Occurrence: _____

What happened?

Problem Behavior (*check most intrusive*)

- | | | |
|------------------------|-------------------------------|--------------------------|
| · Physical aggression | · Inappropriate language | · Property damage |
| · Self injury | · Verbal aggression | · Unsafe behaviors |
| · Stereotypic Behavior | · Non-compliance | · Trouble falling asleep |
| · Disruption/Tantrums | · Social withdrawal/isolation | · Other _____ |
| · Inconsolable crying | · Running away | _____ |

What was going on when it happened?

- | | | |
|-------------------------------|--------------------------------|-----------------------|
| · Arrival | · Meals | · Departure |
| · Routine job | · Quiet time/Nap | · Clean-up |
| · Circle/Large group activity | · Outdoor play | · Therapy |
| · Small group activity | · Special activity/ Field trip | · Individual activity |
| · Centers/Indoor play | · Self-care/Bathroom | · Other _____ |
| · Diapering | · Transition | _____ |

Provider response: _____

Behavior Incident Report

Child's Name: _____ Date: _____

Time of Occurrence: _____

What happened?

Problem Behavior (*check most intrusive*)

- | | | |
|------------------------|-------------------------------|--------------------------|
| · Physical aggression | · Inappropriate language | · Property damage |
| · Self injury | · Verbal aggression | · Unsafe behaviors |
| · Stereotypic Behavior | · Non-compliance | · Trouble falling asleep |
| · Disruption/Tantrums | · Social withdrawal/isolation | · Other _____ |
| · Inconsolable crying | · Running away | _____ |

What was going on when it happened?

- | | | |
|-------------------------------|--------------------------------|-----------------------|
| · Arrival | · Meals | · Departure |
| · Routine job | · Quiet time/Nap | · Clean-up |
| · Circle/Large group activity | · Outdoor play | · Therapy |
| · Small group activity | · Special activity/ Field trip | · Individual activity |
| · Centers/Indoor play | · Self-care/Bathroom | · Other _____ |
| · Diapering | · Transition | _____ |

Provider response: _____

Behavior Incident Report Instructions

Always complete when a child engages in the following kinds of behaviors

- Aggression to another child or adult that results in physical pain or harm to that person (includes kicking, hitting, biting, scratching)
- Running out of room, out of yard, or from group without responding to the calls of the adult
- Intentionally injuring self in manner that may cause serious harm (severe head banging, biting self)

Also complete when a child continues to engage in problem behavior despite efforts to redirect to use alternative skills. On these occasions, complete the form for children who are persistent in problem behavior and their problem behavior appears to be unresponsive to the child guidance procedures you use in your classroom. The form will not be completed if the behavior has not occurred before or if the behavior may be developmentally-expected (e.g., 2- year olds who tussle over a toy). These behaviors may be:

- Tantrums
- Inappropriate language
- Hitting
- Property Destruction
- Disruptive Behavior

Behavior Incident Report Instructions

Always complete when a child engages in the following kinds of behaviors

- Aggression to another child or adult that results in physical pain or harm to that person (includes kicking, hitting, biting, scratching)
- Running out of room, out of yard, or from group without responding to the calls of the adult
- Intentionally injuring self in manner that may cause serious harm (severe head banging, biting self)

Also complete when a child continues to engage in problem behavior despite efforts to redirect to use alternative skills. On these occasions, complete the form for children who are persistent in problem behavior and their problem behavior appears to be unresponsive to the child guidance procedures you use in your classroom. The form will not be completed if the behavior has not occurred before or if the behavior may be developmentally-expected (e.g., 2- year olds who tussle over a toy). These behaviors may be:

- Tantrums
- Inappropriate language
- Hitting
- Property Destruction
- Disruptive Behavior

FORM DEFINITIONS:

Problem Behavior

This category refers to the most serious behavior exhibited by the specific child. Only circle the *ONE* behavior that is the most intense; the behavior that lead the provider to complete the BIR form.

Behavior	Definition	Examples
1. Physical Aggression	Making physical contact with an adult or peer where injury may occur	Striking, pulling hair, biting, scratching, pulling clothes, kicking, spitting
2. Self-injury	Physically abusing self	Self-scratching, head banging, selfbiting, skin picking
3. Stereotypic Behavior	Engaging in repetitive actions, verbal or physical	Spinning objects, body rocking, flapping hands, mouthing objects repetitively
4. Disruption/Tantrums	Causing an interruption in class or activity	Throwing items, loud vocalizations, crying, screaming, cussing
5. Inconsolable crying	Crying for an extended period of time. All typical comfort strategies are unsuccessful	Crying, isolating self, refusing typical comfort strategies implemented by adults
6. Inappropriate language	Using words or phrases that are offensive or rude; not always directed at a person	Profanity, insults
7. Verbal aggression	Threatening, offensive, or intimidating words directed towards an adult or peer	Screaming, name calling, profanity, use of threats
8. Non-compliance	Refusing to follow direction	
9. Social withdraw/ isolation	Non-participation in classroom activities with peers/adults or withdraw from play or social interactions with peers or adults Extreme lack of participation or interest in classroom activities, games, songs, etc.	Refusing to join activity, refusing to participate in activity, no eye contact, no conversation. For toddlers, hanging at the door for extended periods of time waiting for parent, falls asleep in response to attempts to engage, turns face or eyes away from interaction, etc. Wandering aimlessly/ "In own world"
10. Running away	Leaving the unsupervised area alone and without permission	Leaving the room, playground, or group without permission or supervision
11. Property damage	Deliberately impairing or destroying items	Tearing paper, breaking items, writing on items
12. Unsafe behaviors	Engaging in dangerous acts with materials	Standing on furniture, inappropriate use of classroom materials
13. Trouble falling asleep	Showing signs of fatigue, yawning, rubbing eyes, irritable but not able to close eyes and rest	Will not lay on mat, restlessness, tossing, fidgeting