

Behavior Incident Report

Child's Name: _____ Date: _____

Time of Occurrence: _____

What happened?

Problem Behavior (mark 1, 2, 3, etc., if multiple behaviors occur within the same incident)

___ Physical aggression

___ Self injury

___ Stereotypic Behavior

___ Disruption/Tantrums

___ Non-compliance

___ Running away

___ Unsafe behaviors

___ Inappropriate language

___ Inconsolable crying

___ Verbal aggression

___ Social withdrawal/isolation

___ Property damage

___ Trouble falling asleep

Other _____

What was going on when it happened?

Arrival

Routine job

Circle/Large group activity

Small group activity

Centers/Indoor play

Diapering

Meals

Quiet time/Nap

Outdoor play

Special activity/ Field trip

Self-care/Bathroom

Transition

Departure

Clean-up

Therapy

Individual activity

Other _____
