

Behavior Incident Report—Home or Classroom (Fox, Binder, Liso, & Duda, 2010)

Child's Name: _____ Date: _____

Activity: _____ Observer: _____

What did the behavior look like?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Aggression (hitting, kicking, biting) | <input type="checkbox"/> Noncompliance (not following directions, saying "No") | <input type="checkbox"/> Unsafe Behaviors |
| <input type="checkbox"/> Verbal Aggression (yelling, cursing, screaming) | <input type="checkbox"/> Running away from group or activity | <input type="checkbox"/> Tantrum |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other (describe): |

What happened before?

- | | | |
|--|---|--|
| <input type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Others playing nearby | <input type="checkbox"/> Changed/ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Others entered child's play area | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Told "No", "Don't", "Stop" | <input type="checkbox"/> Attention given to others | |

What happened after?

- | | | |
|---|--|--|
| <input type="checkbox"/> Given social attention | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Given assistance/help |
| <input type="checkbox"/> Given an object/ activity/food | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Removed from activity/area | <input type="checkbox"/> Put in "time out" | |
| <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Ignored | |

Purpose of Behavior

TO GET OR OBTAIN:

- Activity
- Object
- Person
- Help
- Attention
- Food
- Place
- Other:

TO GET OUT OF OR AVOID:

- Activity
- Object
- Person
- Demand/Request
- Attention
- Food
- Place
- Transition
- Other:

Notes:

Are there other setting events or lifestyle influences that may be affecting the child's behavior?

- | | | |
|---|---|---|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Absence of a person | <input type="checkbox"/> Extreme change in routine |
| <input type="checkbox"/> Uncomfortable clothing | <input type="checkbox"/> Loud noise | <input type="checkbox"/> Family/home stress or change in living situation |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Lack of sleep | |
| <input type="checkbox"/> Medication side effects | <input type="checkbox"/> Unexpected loss or change in activity/object | |

Behavior Incident Report—School (Fox, Binder, Liso, & Duda, 2010)

Child's Initials/Code: _____ Program: _____

Date: _____ Time of Occurrence: _____ Referring Staff: _____

Behavior Description: _____

Problem Behavior (check most intrusive)

- | | | |
|---|---|---|
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Running away |
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Non-compliance | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Stereotypic Behavior | <input type="checkbox"/> Teasing | <input type="checkbox"/> Unsafe behaviors |
| <input type="checkbox"/> Disruption/Tantrums | <input type="checkbox"/> Social Withdrawal/ Isolation | <input type="checkbox"/> Other _____ |

Activity (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meals | <input type="checkbox"/> Departure |
| <input type="checkbox"/> Classroom jobs | <input type="checkbox"/> Quiet time/Nap | <input type="checkbox"/> Clean-up |
| <input type="checkbox"/> Circle/Large group activity | <input type="checkbox"/> Outdoor play | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Small group activity | <input type="checkbox"/> Special activity/Field trip | <input type="checkbox"/> Individual activity |
| <input type="checkbox"/> Centers/Workshops | <input type="checkbox"/> Self-care/Bathroom | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Transition | |

Others Involved (check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Family Member | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Support/ Administrative staff | <input type="checkbox"/> None |
| <input type="checkbox"/> Therapist | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other _____ |

Possible Motivation (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Obtain desired item | <input type="checkbox"/> Obtain sensory | <input type="checkbox"/> Avoid sensory |
| <input type="checkbox"/> Obtain desired activity | <input type="checkbox"/> Avoid task | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gain peer attention | <input type="checkbox"/> Avoid peers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gain adult attention | <input type="checkbox"/> Avoid adults | |

Strategy/Teacher Response (check the most intrusive)

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal reminder | <input type="checkbox"/> Time with other adult in different classroom | <input type="checkbox"/> Time Out |
| <input type="checkbox"/> Curriculum modification | <input type="checkbox"/> Family contact | <input type="checkbox"/> Physical guidance |
| <input type="checkbox"/> Move within group | <input type="checkbox"/> Loss of item/privilege | <input type="checkbox"/> Physical hold/ restrain |
| <input type="checkbox"/> Remove from activity | <input type="checkbox"/> Time with support staff | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Remove from area | | |

Administrative Follow-up (check one or most intrusive)

- | | | |
|--|---|--|
| <input type="checkbox"/> Non-applicable | <input type="checkbox"/> Arrange behavioral consultation/team | <input type="checkbox"/> Transfer to another program |
| <input type="checkbox"/> Talk with child | <input type="checkbox"/> Reduce hours in program | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Contact family | <input type="checkbox"/> Targeted group intervention | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family meeting | | |

Comments:

Classroom Engagement Observation Form





Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____

Directions: Use this form to observe the engagement of an entire classroom. Periodically look up and count the number of children who are not engaged. Mark the box that best represents the engagement of the children in the class.

Count a child as non-engaged whenever he or she is not looking in the direction of instruction or participating in the activity, staring blankly, wandering aimlessly, crying, whining, or engaging in "rule-breaking" behavior.

Spot Check Time	NUMBER OF CHILDREN NON-ENGAGED			
	0 All Are Engaged! 	1-2 	3-5 	5+ 
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Individual Child Engagement Observation Form

Child's Name: _____

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____

Directions: Use this form to observe the engagement of an individual child. Periodically look up and evaluate the target child's level of engagement. Mark the box that best represents the engagement.

- Count a child as **Actively Engaged** when he or she is interacting physically with materials or peers (playing, singing, dancing, using toys, turning pages in a story).
- Count a child as **Passively Engaged** when he or she is listening to a teacher or peer, waiting in line appropriately, etc.
- Count a child as **Non-Engaged** when he or she is not interacting with people, materials, or the environment (wandering around the room, staring out a window, laying with head down, etc.). You may also count repetitive behaviors (spinning the wheels on a toy car over and over, etc.) as non-engagement.
- Count a child as using **Challenging Behavior** whenever he or she uses a behavior that interferes with his/her engagement or the engagement of others (crying, whining, hitting, engaging in "rule-breaking" behavior, etc.)

Spot Check Time	LEVEL OF ENGAGEMENT			
	Actively Engaged 	Passively Engaged 	Non-Engaged 	Challenging Behavior 
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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20				