



# What Every Teacher Wants to Know About the BIR

## What is a Behavior Incident Report (BIR)?

A simple data collection tool used to document serious behavior incidents that can be used to support classrooms and programs.

## But I hate data. I am just here to teach.

Data are not as scary as you think. We use data daily in our lives. For example, we might decide we need to lose weight and get in shape. We decide to keep track of our eating and exercise habits for a week. We look at the log and determine how to change our eating and exercise habits based on what we recorded. That is an example of using data to make a decision about how we will proceed. When we want to change a behavior in the classroom, we collect information about behavior to determine the most effective way to address this behavior. Using the BIR helps us do this.

## What is considered a serious behavior incident?

- ▶ Aggression (e.g., kicking, hitting, biting, scratching)
- ▶ Elopement (i.e., leaving area without permission and not responding to request to return)
- ▶ Self-injurious behavior (e.g., biting self, hitting self)

## What about behaviors like tantrums, inappropriate language, property destruction, or general disruptive behavior?

You would document those if you have attempted to redirect the child and the child was not responsive to the strategies that you are using. You might also document them if they happen with a frequency, intensity, or duration that seems unusual or not typical.

## What information does the BIR ask for?

- ▶ Problem Behavior
- ▶ Activity
- ▶ Others Involved
- ▶ Possible Motivation
- ▶ Response
- ▶ Administrative Follow-up
- ▶ Child Demographics

## There were so many behaviors that happened at once...

Only select one behavior. Pick the most serious behavior. For example, a child hit another child with a toy and used inappropriate language. Since hitting another child with a toy is a safety issue, you would consider that to be the most intrusive. Select that for the BIR.

## If I only select one behavior, won't we be losing important information?

There is a space on the BIR where you can add notes about the other behaviors that might have occurred.

| Classroom ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      | Child ID:                                            | Date:                                     | Time: | Program ID: |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|-------|-------------|------|-----------------------|-------------------------------------------|------------------------|--------|--------------|----------------------------------------|-------|--|--|----------|-------------------------------------------|--|--|-------------------|-------|
| <b>Behavior Description:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Problem Behavior (check most intrusive)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Physical aggression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Non-compliance                                              | <input type="checkbox"/> Repetitive behaviors        |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Disruption/Tantrums                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Social withdrawal/isolation                                 | <input type="checkbox"/> Hurting self                |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Inconsolable crying                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Running away                                                | <input type="checkbox"/> Trouble falling asleep      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Verbal aggression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Breaking/Destroying objects or items                        | <input type="checkbox"/> Other:                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Inappropriate language                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Unsafe behaviors                                            |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Activity (check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Arrival                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Outdoor play                                                | <input type="checkbox"/> Departure                   |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Circle/Group activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Special activity                                            | <input type="checkbox"/> Therapy                     |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Small group activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Field trip                                                  | <input type="checkbox"/> Quiet time/nap              |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Centers/Indoor play                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Self-care/Bathroom                                          | <input type="checkbox"/> Transportation              |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Diapering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Transition                                                  | <input type="checkbox"/> Individual activity         |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Meals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Clean-up                                                    | <input type="checkbox"/> Other:                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Others Involved (check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Teacher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Family Member                                               | <input type="checkbox"/> Transportation driver       |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Assistant Teacher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Support/Administrative staff                                | <input type="checkbox"/> Kitchen staff               |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Peers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Substitute                                                  | <input type="checkbox"/> None                        |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Therapist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Classroom volunteer                                         | <input type="checkbox"/> Other:                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Possible Motivation (check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Obtain desired item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Gain adult attention/comfort                                | <input type="checkbox"/> Avoid sensory               |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Obtain desired activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Avoid adults                                                | <input type="checkbox"/> Don't know                  |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Gain peer attention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Avoid task                                                  | <input type="checkbox"/> Other:                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Avoid peers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Obtain sensory                                              |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Response (check one or the most intrusive)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Verbal reminder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Provide physical comfort                                    | <input type="checkbox"/> Teacher contact family      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Redirect to different activity/toy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Curriculum modification                                     | <input type="checkbox"/> Time out                    |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Move within group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Re-teach/Practice expected behavior                         | <input type="checkbox"/> Physical guidance           |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Remove from activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Loss of activity                                            | <input type="checkbox"/> Physical hold/restrain      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Remove from area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Time with a teacher                                         | <input type="checkbox"/> Other:                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Remove item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Time in a different classroom or adult outside of classroom |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Administrative Follow-Up (check one or most intrusive)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Targeted group intervention                                 | <input type="checkbox"/> Conditional enrollment      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Talk with child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Temporary removal from classroom                            | <input type="checkbox"/> Transfer to another program |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Contact family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sent home for remainder of day                              | <input type="checkbox"/> Reduce hours in program     |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Family meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Sent home for 1 or more days                                | <input type="checkbox"/> Dismissal from program      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <input type="checkbox"/> Arrange behavioral consultation/team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Other:                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| <b>Comments:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                      |                                           |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| If this is the first BIR for the child, please select the following demographic information: <table border="0" style="width: 100%;"> <tr> <td>Male</td> <td>Dual language learner</td> <td>Ethnicity: Hispanic or Latino of any race</td> <td>Not Hispanic or Latino</td> </tr> <tr> <td>Female</td> <td>ELL in place</td> <td>Race: American Indian or Alaska Native</td> <td>Asian</td> </tr> <tr> <td></td> <td></td> <td>American</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td></td> <td></td> <td>Two or more races</td> <td>White</td> </tr> </table> |                                                                                      |                                                      |                                           |       |             | Male | Dual language learner | Ethnicity: Hispanic or Latino of any race | Not Hispanic or Latino | Female | ELL in place | Race: American Indian or Alaska Native | Asian |  |  | American | Native Hawaiian or Other Pacific Islander |  |  | Two or more races | White |
| Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Dual language learner                                                                | Ethnicity: Hispanic or Latino of any race            | Not Hispanic or Latino                    |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ELL in place                                                                         | Race: American Indian or Alaska Native               | Asian                                     |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | American                                             | Native Hawaiian or Other Pacific Islander |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      | Two or more races                                    | White                                     |       |             |      |                       |                                           |                        |        |              |                                        |       |  |  |          |                                           |  |  |                   |       |

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## **I have no idea what the motivation is...**

Only select one motivation. Consider what the child was doing and a potential 'why' he or she might have acted that way. For example, if the child hit another child with a toy, was it because they wanted it? Was it because they wanted to play alone? These are two different motivations that would require two different ways to intervene.

## **I did a lot of things as a response to the behavior.**

Just pick one item as the response to the challenging behavior. Pick the response that you used that was most restrictive or intensive. If you gave a verbal reminder AND removed the child from the activity, you would choose to check 'remove child from activity' since it is the most restrictive response.

## **Is the list of responses and administrative actions a list of recommended practices?**

Absolutely not. This is a list of the responses that a teacher or administrator might use.

## **I didn't involve the administration.**

You would select 'not applicable' if this is the case. For the majority of incidents, this is what the teacher selects.

## **But I don't have any time...**

The BIR is a checklist that is designed to help you quickly record an incident. Using the form helps you stay consistent in how you capture the information. If you don't have time immediately after the incident, jot down some key words that will help you complete the form as soon as you can. Put a reminder somewhere you can't miss so that you can complete the form. Remember it takes less than a minute to complete the form. Some teachers do these during nap time or during a break.

## **I turn in the BIR, but I have no idea what happens with it after that.**

BIRs can be used a few different ways.

1. Your leadership team collects BIRs from all teachers in the program. They enter these into a spreadsheet that creates graphs of the data. From there, they can determine how the entire program is working to decrease challenging behavior and promote social emotional learning.
2. If you have a concern about a specific child, the BIRs for that child will help you, your team, and the child's family understand specific information about the behavior. For example, sometimes it feels like the behavior happens all day long but when you look at the BIRs, you see that the behavior mostly occurs during circle. You can better plan for what to re-teach or when to provide supports with this information.
3. Most programs set up a system for checking in with the teacher if there are multiple BIRs for the child. Teachers meet with their classroom coach, behavior specialist, or similar professional who can assist the teacher in figuring out what to do to address the behavior.

Let's use our example of eating better and exercising. After I keep a log, I notice that I eat well until dinner time. Then I get fast food on my way home and snack until bedtime. I also noticed that if I get up early, I will exercise, but if I wait until after work, I don't do it. I know the time of day I need to focus on my eating and exercise after reviewing the log. I don't need to change all of my habits, but if I can plan better for dinner and agree to get up early three mornings, I can make a difference in my diet and exercise. Same goes for challenging behavior in my classroom. The BIRs helps you see patterns in behavior, making our responses to challenging behavior more effective than just making a plan based on our what we think might be happening.

Never fear. Your coach can help support you in using BIRs. Start with identifying when you would complete one. Begin the collection and see what works for you. Problem-solve with your coach if you are running into problems.