



SNACS ADVOCACY AND COACHING SOLUTIONS, LLC

IEP – 30-Day Behavior Log Form (SAMPLE FORM)

Recipient's Full Name:	
Caregiver's Full Name:	
Address:	
Year and Month of Log:	
Instructions: This log is used to document incidents related to behavioral safety and support decisions around IEP services (such as behavior intervention plans, counseling, or 1:1 aide support). It provides a log for each instance where the student required adult intervention to prevent harm to themselves, others, or property due to cognitive, emotional, or mental health needs.	

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
<i>Attempted to leave the house barefoot and run into the street</i>	<i>There was a loud noise when the party balloon popped.</i>	<i>I blocked the entry/exit door to the front yard/street to keep my child from opening it.</i>	<i>My child would have run into the street and traffic and been seriously injured or dead.</i>
Date: March 8, 2023	Time: 3:45 PM	Approximate Time Spent Supporting or De-escalating the Situation (in minutes or hours): 45 minutes	

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence	Time	Date
<i>Attempted to run into street</i>	<i>Startled by loud balloon pop</i>	<i>Blocked door to prevent exit</i>	<i>Ran into traffic: Risk of serious injury or death</i>	<i>3:45 PM</i>	<i>March 8, 2023</i>



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Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
Date:	Time:	Approximate Time Spent Supporting or De-escalating the Situation (in minutes or hours):	

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence	Time	Date

Use this form to document complex or detailed incidents requiring thorough explanation.

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
Date:	Time:	Approximate Time Spent Supporting or De-escalating the Situation (in minutes or hours):	

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence
Date:	Time:	Approximate Time Spent Supporting or De-escalating the Situation (in minutes or hours):	

Use this form for general documentation or brief summaries of incidents:

[illegible]