

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

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



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Address:							
Year and Month of Log:							
behavior intervention plans	sed to <b>document incidents rel</b> ation, counseling, or 1:1 aide support, others, or property due to cogni	). It provid	des a log for ea	ch instance where the s	ns arou	und IEP servequired adult	vices (such as intervention to
Behavior	Possible Cause or Situa Leading to Behavior		Safety Action Taken		Likely Outcome Without Caregiver Presence		
Date:	Time:		Approximate T (in minutes or	ime Spent Supporting hours):	or De-es	scalating the	Situation
Behavior	Possible Cause or Situation Leading to Behavior	Safety	Action Taken	Likely Outcome With Caregiver Present		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 Caregiver Pre			
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	
		THE ADVOCATE		
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:

Behavior	Possible Cause or Situation Leading to Behavior	Safety Action Taken	Likely Outcome Without Caregiver Presence	Time	Date
	Special Needs	Advocacy and	Coaching Solution	ns	
	FEEDING \	OUR INNI	ER ADVOCA	Е	