

Challenging Behavior Incident Report

Child Name: _____ Classroom: _____

Staff Completing Form: _____ Location of Incident: _____

Date of Incident: _____ Time: _____ Behavior was:

- Disruptive
- Destructive
- Dangerous

What happened BEFORE the behavior occurred?	What was the environment like during the incident?	Teacher response(s):
<ul style="list-style-type: none"> <input type="checkbox"/> Told/asked to do something <input type="checkbox"/> Playing alone <input type="checkbox"/> Difficult task/other <input type="checkbox"/> Changed/ended activity <input type="checkbox"/> Removed an object <input type="checkbox"/> Transition <input type="checkbox"/> Unable to get something (object, attention) <input type="checkbox"/> Not a preferred activity <input type="checkbox"/> Told "no", "don't" or "stop" <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Person Absent <input type="checkbox"/> Change in room set up <input type="checkbox"/> Loud <input type="checkbox"/> Quiet <input type="checkbox"/> Change in routine <input type="checkbox"/> Visitor <input type="checkbox"/> Bright <input type="checkbox"/> Dark <input type="checkbox"/> Other : _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Called for assistance <input type="checkbox"/> Physical discomfort relieved <input type="checkbox"/> Physical redirection to activity <input type="checkbox"/> Removed from area/room <input type="checkbox"/> Calming down area <input type="checkbox"/> Verbal redirection to activity <input type="checkbox"/> Hug hold <input type="checkbox"/> Called parent <input type="checkbox"/> Sent home <input type="checkbox"/> Other: _____

Describe behavior: _____

What desired behavior do you want to replace this behavior? _____

What strategy did you use and was it effective? If not effective, why? _____

Parent Communication: *Parent must be notified of the incident and sign below*

How was the information shared with this child's parents? Check all that apply.

- Spoke with parent in person at center Left message on parent's phone
- Spoke with parent on the phone Sent home via mail Other

Parent _____ Date _____

Teacher _____ Date _____