Behavior Incident Report

*Program ID:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child Name:** | | | | | | **Referring Staff:** | | |
| **Classroom ID:** | | **Child ID:** | | | | **Date** | | **Time:** |
| **Behavior Description:** | | | | | | | | |
| **Problem Behavior (check most intrusive)** | | | | | | | | |
| * Physical aggression |  |  |  | * Non-compliance | | | * Repetitive behaviors | |
| * Disruption/Tantrums | |  |  | * Social withdrawal/Isolation | | | * Hurting self | |
| * Inconsolable crying |  |  |  | * Running away | |  | * Trouble falling asleep | |
| * Verbal aggression |  |  |  | * Breaking/Destroying objects or items | | | * Other: | |
| * Inappropriate language | |  |  | * Unsafe behaviors | | |  | |
| **Activity (check one)** | | | | | | | | |
| * Arrival |  |  |  | * Outdoor play | |  | * Departure | |
| * Circle/Large group activity | | |  | * Special activity | |  | * Therapy | |
| * Small group activity |  |  |  | * Field trip |  |  | * Quiet time/Nap | |
| * Centers/Indoor play |  |  |  | * Self-care/Bathroom | | | * Transportation | |
| * Diapering |  |  |  | * Transition | |  | * Individual activity | |
| * Meals |  |  |  | * Clean-up |  |  | * Other: | |
| **Others Involved (check one)** | | | | | | | | |
| * Teacher |  |  |  | * Family Member | |  | * Transportation driver | |
| * Assistant Teacher |  |  |  | * Support/Administrative staff | | | * Kitchen staff | |
| * Peers |  |  |  | * Substitute | |  | * None | |
| * Therapist |  |  |  | * Classroom volunteer | | | * Other: | |
| **Possible Motivation (check one)** | | | | | | | | |
| * Obtain desired item |  |  |  | * Gain adult attention/comfort | | | * Avoid sensory | |
| * Obtain desired activity | |  |  | * Avoid adults | |  | * Don’t know | |
| * Gain peer attention |  |  |  | * Avoid task | |  | * Other: | |
| * Avoid peers |  |  |  | * Obtain sensory | |  |  | |
| **Response (check one or the most intrusive)** | | | | | | | | |
| * Verbal reminder |  |  |  | * Provide physical comfort | | | * Teacher contact family | |
| * Redirect to different activity/toy | | | | * Curriculum modification | | | * Time out | |
| * Move within group |  |  |  | * Re-teach/Practice expected behavior | | | * Physical guidance | |
| * Remove from activity | |  |  | * Loss of activity | |  | * Physical hold/Restrain | |
| * Remove from area |  |  |  | * Time with a teacher | | | * Other: | |
| * Remove item |  |  |  | * Time in a different classroom or adult outside of classroom | | | | |
| **Administrative Follow-Up (check one or most intrusive)** | | | | | | | | |
| * Not applicable |  |  |  | * Targeted group intervention | | | * Conditional enrollment | |
| * Talk with child |  |  |  | * Temporary removal from classroom | | | * Transfer to another program | |
| * Contact family |  |  |  | * Sent home for remainder of day | | | * Reduce hours in program | |
| * Family meeting |  |  |  | * Sent home for 1 or more days | | | * Dismissal from program | |
| * Arrange behavioral consultation/team | | | | |  |  | * Other: | |
| **Comments:** | | | | | | | | |
| *If this is the first BIR for the child, please select the following demographic*  *Information:* | *Male*  *Female* | | *IEP in place*  *No IEP*  *Dual language* | | *Select all that apply:\_\_\_ American Indian or Alaskan Native \_\_\_\_ Asian \_\_\_\_Black or African American\_\_\_\_ Hispanic/Latino\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_White* | | | |

Adapted from BIR\_V1\_9.27.17 (PBIS Applications October 2019)