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)