



## Understanding Individual Behavior Report – Classroom Version

*This tool is completed for an individual child every time a challenging behavior occurs. Teachers analyze all incidents collectively to look for patterns in behavior and to inform the planning process for modifying behaviors.*

<b>Form Completed by:</b>	<b>Date:</b>	<b>Time:</b>
<b>Child's Name/Initials:</b>	<b>Behavior Description:</b>	

<b>Problem Behavior</b> (check most intrusive) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Aggression</td> <td><input type="checkbox"/> Inappropriate language</td> <td><input type="checkbox"/> Running away</td> </tr> <tr> <td><input type="checkbox"/> Self injury</td> <td><input type="checkbox"/> Non-compliance</td> <td><input type="checkbox"/> Property damage</td> </tr> <tr> <td><input type="checkbox"/> Disruption/Tantrum</td> <td><input type="checkbox"/> Teasing</td> <td><input type="checkbox"/> Unsafe behaviors</td> </tr> <tr> <td><input type="checkbox"/> Aggression</td> <td><input type="checkbox"/> Social withdrawal/isolation</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Aggression	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Running away	<input type="checkbox"/> Self injury	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Property damage	<input type="checkbox"/> Disruption/Tantrum	<input type="checkbox"/> Teasing	<input type="checkbox"/> Unsafe behaviors	<input type="checkbox"/> Aggression	<input type="checkbox"/> Social withdrawal/isolation	<input type="checkbox"/> Other:			
<input type="checkbox"/> Aggression	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Running away													
<input type="checkbox"/> Self injury	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Property damage													
<input type="checkbox"/> Disruption/Tantrum	<input type="checkbox"/> Teasing	<input type="checkbox"/> Unsafe behaviors													
<input type="checkbox"/> Aggression	<input type="checkbox"/> Social withdrawal/isolation	<input type="checkbox"/> Other:													
<b>Activity</b> (check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Arrival</td> <td><input type="checkbox"/> Meals</td> <td><input type="checkbox"/> Departure</td> </tr> <tr> <td><input type="checkbox"/> Circle/Large Group</td> <td><input type="checkbox"/> Quiet Time / Nap</td> <td><input type="checkbox"/> Transition</td> </tr> <tr> <td><input type="checkbox"/> Small Group Time</td> <td><input type="checkbox"/> Outdoor Play</td> <td><input type="checkbox"/> Clean-up</td> </tr> <tr> <td><input type="checkbox"/> Free Play / Choice Time</td> <td><input type="checkbox"/> Self-care / Bathroom</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Arrival	<input type="checkbox"/> Meals	<input type="checkbox"/> Departure	<input type="checkbox"/> Circle/Large Group	<input type="checkbox"/> Quiet Time / Nap	<input type="checkbox"/> Transition	<input type="checkbox"/> Small Group Time	<input type="checkbox"/> Outdoor Play	<input type="checkbox"/> Clean-up	<input type="checkbox"/> Free Play / Choice Time	<input type="checkbox"/> Self-care / Bathroom	<input type="checkbox"/> Other:			
<input type="checkbox"/> Arrival	<input type="checkbox"/> Meals	<input type="checkbox"/> Departure													
<input type="checkbox"/> Circle/Large Group	<input type="checkbox"/> Quiet Time / Nap	<input type="checkbox"/> Transition													
<input type="checkbox"/> Small Group Time	<input type="checkbox"/> Outdoor Play	<input type="checkbox"/> Clean-up													
<input type="checkbox"/> Free Play / Choice Time	<input type="checkbox"/> Self-care / Bathroom	<input type="checkbox"/> Other:													
<b>Others Involved</b> (check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Teacher</td> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Peers (other children)</td> </tr> <tr> <td><input type="checkbox"/> Assistant Teacher</td> <td><input type="checkbox"/> Administrative Staff</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Substitute</td> <td><input type="checkbox"/> Support Team Member (e.g.) therapist</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Peers (other children)	<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> None	<input type="checkbox"/> Substitute	<input type="checkbox"/> Support Team Member (e.g.) therapist	<input type="checkbox"/> Other:						
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Peers (other children)													
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Administrative Staff	<input type="checkbox"/> None													
<input type="checkbox"/> Substitute	<input type="checkbox"/> Support Team Member (e.g.) therapist	<input type="checkbox"/> Other:													
<b>What happened before?</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Told or asked to do something</td> <td><input type="checkbox"/> Others playing nearby</td> <td><input type="checkbox"/> Changed/ended activity</td> </tr> <tr> <td><input type="checkbox"/> Removed an object</td> <td><input type="checkbox"/> Playing along</td> <td><input type="checkbox"/> Object out of reach</td> </tr> <tr> <td><input type="checkbox"/> Not a preferred activity</td> <td><input type="checkbox"/> Others entered child's play area</td> <td><input type="checkbox"/> Child requested something</td> </tr> <tr> <td><input type="checkbox"/> Difficult task / activity</td> <td><input type="checkbox"/> Moved activity/location to another</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Told "No," "Don't," "Stop"</td> <td><input type="checkbox"/> Attention given to others</td> <td></td> </tr> </table>	<input type="checkbox"/> Told or asked to do something	<input type="checkbox"/> Others playing nearby	<input type="checkbox"/> Changed/ended activity	<input type="checkbox"/> Removed an object	<input type="checkbox"/> Playing along	<input type="checkbox"/> Object out of reach	<input type="checkbox"/> Not a preferred activity	<input type="checkbox"/> Others entered child's play area	<input type="checkbox"/> Child requested something	<input type="checkbox"/> Difficult task / activity	<input type="checkbox"/> Moved activity/location to another	<input type="checkbox"/> Other:	<input type="checkbox"/> Told "No," "Don't," "Stop"	<input type="checkbox"/> Attention given to others	
<input type="checkbox"/> Told or asked to do something	<input type="checkbox"/> Others playing nearby	<input type="checkbox"/> Changed/ended activity													
<input type="checkbox"/> Removed an object	<input type="checkbox"/> Playing along	<input type="checkbox"/> Object out of reach													
<input type="checkbox"/> Not a preferred activity	<input type="checkbox"/> Others entered child's play area	<input type="checkbox"/> Child requested something													
<input type="checkbox"/> Difficult task / activity	<input type="checkbox"/> Moved activity/location to another	<input type="checkbox"/> Other:													
<input type="checkbox"/> Told "No," "Don't," "Stop"	<input type="checkbox"/> Attention given to others														
<b>Possible Motivation</b> (check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Obtain desired item</td> <td><input type="checkbox"/> Obtain sensory input</td> <td><input type="checkbox"/> Avoid sensory input</td> </tr> <tr> <td><input type="checkbox"/> Obtain desired activity</td> <td><input type="checkbox"/> Avoid a task</td> <td><input type="checkbox"/> Don't know</td> </tr> <tr> <td><input type="checkbox"/> Gain peer attention</td> <td><input type="checkbox"/> Avoid peers</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Gain adult attention</td> <td><input type="checkbox"/> Avoid adults</td> <td></td> </tr> </table>	<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Obtain sensory input	<input type="checkbox"/> Avoid sensory input	<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid a task	<input type="checkbox"/> Don't know	<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Other:	<input type="checkbox"/> Gain adult attention	<input type="checkbox"/> Avoid adults				
<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Obtain sensory input	<input type="checkbox"/> Avoid sensory input													
<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid a task	<input type="checkbox"/> Don't know													
<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Other:													
<input type="checkbox"/> Gain adult attention	<input type="checkbox"/> Avoid adults														
<b>Strategy / Teacher Response</b> (check the most intrusive) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Verbal reminder</td> <td><input type="checkbox"/> Curriculum Modification</td> <td><input type="checkbox"/> Move within group</td> </tr> <tr> <td><input type="checkbox"/> Remove from activity</td> <td><input type="checkbox"/> Remove from area</td> <td><input type="checkbox"/> Loss of item/privilege</td> </tr> <tr> <td><input type="checkbox"/> Time with support staff</td> <td><input type="checkbox"/> Family contact</td> <td><input type="checkbox"/> Time Out</td> </tr> <tr> <td><input type="checkbox"/> Physical guidance</td> <td><input type="checkbox"/> Time with other adult indifferent class</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Curriculum Modification	<input type="checkbox"/> Move within group	<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Remove from area	<input type="checkbox"/> Loss of item/privilege	<input type="checkbox"/> Time with support staff	<input type="checkbox"/> Family contact	<input type="checkbox"/> Time Out	<input type="checkbox"/> Physical guidance	<input type="checkbox"/> Time with other adult indifferent class	<input type="checkbox"/> Other:			
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Curriculum Modification	<input type="checkbox"/> Move within group													
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Remove from area	<input type="checkbox"/> Loss of item/privilege													
<input type="checkbox"/> Time with support staff	<input type="checkbox"/> Family contact	<input type="checkbox"/> Time Out													
<input type="checkbox"/> Physical guidance	<input type="checkbox"/> Time with other adult indifferent class	<input type="checkbox"/> Other:													
<b>Administrative Follow-up</b> (check one or most intrusive) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Non-applicable</td> <td><input type="checkbox"/> Talk with child</td> <td><input type="checkbox"/> Contact family</td> </tr> <tr> <td><input type="checkbox"/> Family meeting</td> <td><input type="checkbox"/> Reduce hours in program</td> <td><input type="checkbox"/> Transfer to another program</td> </tr> <tr> <td><input type="checkbox"/> Dismissal</td> <td><input type="checkbox"/> Arrange behavioral consultation/team</td> <td><input type="checkbox"/> Other:</td> </tr> </table>	<input type="checkbox"/> Non-applicable	<input type="checkbox"/> Talk with child	<input type="checkbox"/> Contact family	<input type="checkbox"/> Family meeting	<input type="checkbox"/> Reduce hours in program	<input type="checkbox"/> Transfer to another program	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Other:						
<input type="checkbox"/> Non-applicable	<input type="checkbox"/> Talk with child	<input type="checkbox"/> Contact family													
<input type="checkbox"/> Family meeting	<input type="checkbox"/> Reduce hours in program	<input type="checkbox"/> Transfer to another program													
<input type="checkbox"/> Dismissal	<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Other:													

**Comments:**



## Understanding Individual Behavior Report – Home or Classroom

This tool is completed for an individual child every time a challenging behavior occurs. Together teachers and families analyze all incidents collectively to look for patterns in behavior and to inform the planning process for modifying behaviors.

<b>Form Completed by:</b>	<b>Date:</b>	<b>Time:</b>
<b>Child's Name/Initials:</b>	<b>Behavior Description:</b>	

<b>What did the behavior look like?</b>		
<input type="checkbox"/> Physical Aggression (hitting, kicking, biting)	<input type="checkbox"/> Noncompliance (not following directions, saying "No")	<input type="checkbox"/> Unsafe behaviors
<input type="checkbox"/> Verbal Aggression (yelling, cursing, screaming)	<input type="checkbox"/> Running away from group or activity	<input type="checkbox"/> Tantrum
<input type="checkbox"/> Other:	<input type="checkbox"/> Destroying property	<input type="checkbox"/> Withdrawn
<b>What happened before?</b>		
<input type="checkbox"/> Told or asked to do something	<input type="checkbox"/> Others playing nearby	<input type="checkbox"/> Changed/ended activity
<input type="checkbox"/> Removed an object	<input type="checkbox"/> Playing along	<input type="checkbox"/> Object out of reach
<input type="checkbox"/> Not a preferred activity	<input type="checkbox"/> Others entered child's play area	<input type="checkbox"/> Child requested something
<input type="checkbox"/> Difficult task / activity	<input type="checkbox"/> Moved activity/location to another	<input type="checkbox"/> Other:
<input type="checkbox"/> Told "No," "Don't," "Stop"	<input type="checkbox"/> Attention given to others	
<b>What happened after?</b>		
<input type="checkbox"/> Given social attention	<input type="checkbox"/> Request or demand withdrawn	<input type="checkbox"/> Given assistance / help
<input type="checkbox"/> Given an object/activity/food	<input type="checkbox"/> Request or demand delayed	<input type="checkbox"/> Removed from activity/area
<input type="checkbox"/> Put in "time out"	<input type="checkbox"/> Punished or scolded	<input type="checkbox"/> Other:
<input type="checkbox"/> Ignored		
<b>Purpose of Behavior</b>		
<b>TO GET OR OBTAIN:</b>	<b>TO GET OUT OF OR AVOID:</b>	<b>NOTES:</b>
<input type="checkbox"/> Activity	<input type="checkbox"/> Activity	
<input type="checkbox"/> Object	<input type="checkbox"/> Object	
<input type="checkbox"/> Person	<input type="checkbox"/> Person	
<input type="checkbox"/> Help	<input type="checkbox"/> Demand/Request	
<input type="checkbox"/> Attention	<input type="checkbox"/> Attention	
<input type="checkbox"/> Food	<input type="checkbox"/> Food	
<input type="checkbox"/> Place	<input type="checkbox"/> Place	
<input type="checkbox"/> Other:	<input type="checkbox"/> Transition	
	<input type="checkbox"/> Other:	
<b>Are there other setting events or lifestyle influences that may be affecting the child's behavior?</b>		
<input type="checkbox"/> Hunger	<input type="checkbox"/> Absence of a person	<input type="checkbox"/> Extreme change in routine
<input type="checkbox"/> Uncomfortable clothing	<input type="checkbox"/> Loud noise	<input type="checkbox"/> Family/home stress or change in living situation
<input type="checkbox"/> Absence of fun activities/toys	<input type="checkbox"/> Sick	<input type="checkbox"/> Other:
<input type="checkbox"/> Too hot or too cold	<input type="checkbox"/> Lack of sleep	
<input type="checkbox"/> Medication side effects	<input type="checkbox"/> Unexpected loss or change in Activity/object	