

BEHAVIOR INCIDENT CARD

This form can be used to document specific behavior incidents. Reviewing these and looking for trends can be used as part of the functional behavior assessment (FBA) process.

Student: _____ **Date:** _____

Time of Day: _____ **Duration of Behavior:** _____

Teacher: _____ **Setting Where Behavior Occurred:** _____

Antecedents	Behavior	Consequence
<i>What Happened Before the Behavior</i>	<i>List All Problematic Behaviors</i>	<i>How Did Staff Respond After the Behavior</i>
<input type="checkbox"/> Asked to do Something Non-Preferred <input type="checkbox"/> Change in Routine <input type="checkbox"/> Change in Staff <input type="checkbox"/> Down Time <input type="checkbox"/> Transition <input type="checkbox"/> Difficult Task/Not Understood <input type="checkbox"/> Behavior of Other Students <input type="checkbox"/> Perceived Rule Violation <input type="checkbox"/> Teased/Bullied <input type="checkbox"/> Sensory Issues: Loud Noises, Hot or Cold Temperatures <input type="checkbox"/> Not Allowed to Complete Activity <input type="checkbox"/> Someone Used Angry Voice or Said "No" <input type="checkbox"/> Negative Social Interaction <input type="checkbox"/> Overhead Conversation About Student <input type="checkbox"/> Other: Specify	<input type="checkbox"/> Property Destruction <input type="checkbox"/> Fidgeting <input type="checkbox"/> Off Task <input type="checkbox"/> Hitting Staff <input type="checkbox"/> Hitting Students <input type="checkbox"/> Self-Injurious Behavior <input type="checkbox"/> Screaming <input type="checkbox"/> Going Limp on the Floor <input type="checkbox"/> Saying "No" to Requests/Demands <input type="checkbox"/> Tearing Up Papers <input type="checkbox"/> Provoking/Teasing Others <input type="checkbox"/> Running Out of Room (Elopement) <input type="checkbox"/> Making Rude Remarks <input type="checkbox"/> Removing Clothing <input type="checkbox"/> Spitting <input type="checkbox"/> Using Profanity <input type="checkbox"/> Other: Specify	<input type="checkbox"/> Given "Break" Time <input type="checkbox"/> Loss of Incentives/Privileges <input type="checkbox"/> Nothing/Ignored <input type="checkbox"/> Reframed Request <input type="checkbox"/> Removed from Room/Area <input type="checkbox"/> Sent to Office <input type="checkbox"/> Reprimand or Warning Given <input type="checkbox"/> Verbal Redirection <input type="checkbox"/> Physical Redirection <input type="checkbox"/> Called for Assistance <input type="checkbox"/> Given Choices <input type="checkbox"/> Given Communication Device <input type="checkbox"/> Distracted/Redirected <input type="checkbox"/> Discussion with Student <input type="checkbox"/> Reminded of Expected Behavior/Classroom Rules <input type="checkbox"/> Sent to Quiet Area in Room <input type="checkbox"/> Suspended/Expelled <input type="checkbox"/> Other: Specify

Notes (Was approach used successful? What should staff do differently next time?):
