**Incident Report of Challenging Behaviour**

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| --- | --- | --- | --- |
| Name: |       | Division: |       |
| Date: |      DD/MO/YEAR | Time: |       | Location: |       |

|  |  |  |
| --- | --- | --- |
| **Antecedent**What was happening before the behaviour occurred? | **Behaviour** | **Consequences**What happened after? |
| **[ ]**  | Given direction/task activity | **[ ]**  | Refusing to follow directions | **[ ]**  | Verbal redirection |
| **[ ]**  | Asked to wait | **[ ]**  | Making verbal threats | **[ ]**  | Physical assist/prompt |
| **[ ]**  | New task/activity | **[ ]**  | Disrupting class (describe) | **[ ]**  | Ignored problem behaviour |
| **[ ]**  | Difficult task/activity | **[ ]**  | Crying/whining | **[ ]**  | Kept demand on |
| **[ ]**  | Preferred activity interrupted | **[ ]**  | Screaming/yelling | **[ ]**  | Used proximity control |
| **[ ]**  | Activity/item denied (told “no”) | **[ ]**  | Scratching | **[ ]**  | Verbal reprimand |
| **[ ]**  | Loud, noisy environment | **[ ]**  | Biting | **[ ]**  | Removed from activity/location |
| **[ ]**  | Given assistance/correction | **[ ]**  | Spitting | **[ ]**  | Given another task/activity |
| **[ ]**  | Transition between locations/activities | **[ ]**  | Kicking | **[ ]**  | Interrupted/blocked and redirected |
| **[ ]**  | Presence of specific person | **[ ]**  | Flopping on ground | **[ ]**  | Left alone |
| **[ ]**  | Nothing (“out of the blue”) | **[ ]**  | Running away/bolting | **[ ]**  | Isolated within class |
| **[ ]**  | Attention not given when wanted | **[ ]**  | Destroying property | **[ ]**  | Loss of privilege |
| **[ ]**  | Left alone (no individual attention) | **[ ]**  | Flipping furniture | **[ ]**  | Calming/soothing: verbal, physical/both |
| **[ ]**  | Left alone (no appropriate Activity) | **[ ]**  | Hitting self | **[ ]**  | Physically restrained |
| **[ ]**  |  | **[ ]**  | Hitting others | **[ ]**  | Peer remarks/laughter |
| **[ ]**  |  | **[ ]**  | Verbal refusal | **[ ]**  | Time-out (duration) |       |
| **[ ]**  | Other:       | **[ ]**  | Other:       | **[ ]**  | Other:       |

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| **Duration** | **Intensity** | **Contacted Parent/Guardian** |
| [ ]  | < 1 minute | [ ]  | ½-1 hour | 1. Low
 | [ ]  | Yes | [ ]  | No |
| [ ]  | 1 - 5 minutes | [ ]  | 1 - 2 hours | 1. Medium
 | **Staff Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| [ ]  | 5 - 10 minutes | [ ]  | 2 - 3 hours | 1. High
 |
| [ ]  | 10 - 30 minutes | [ ]  | 3+ hours |  |

Comments: