

## Behavior Incident Report: Tracking of Distressed Behavior(s)

<b>Child Name/Program:</b>	<b>Date:</b>		
<b>Activity/Time of Day:</b>	<b>Staff Members Present:</b>		
<b>Activating Events:</b>			
<b>Signs of distress:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Physical aggression  <input type="checkbox"/> Verbal aggression  <input type="checkbox"/> Self-injury  <input type="checkbox"/> Upset (without aggression or self-injury)  <input type="checkbox"/> Throwing items/property damage         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Prolonged crying  <input type="checkbox"/> Prolonged screaming  <input type="checkbox"/> Leaving area/activity  <input type="checkbox"/> Leaving room/environment  <input type="checkbox"/> Unsafe behavior  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Physical aggression <input type="checkbox"/> Verbal aggression <input type="checkbox"/> Self-injury <input type="checkbox"/> Upset (without aggression or self-injury) <input type="checkbox"/> Throwing items/property damage	<input type="checkbox"/> Prolonged crying <input type="checkbox"/> Prolonged screaming <input type="checkbox"/> Leaving area/activity <input type="checkbox"/> Leaving room/environment <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Other _____
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<b>Please describe and add additional information (include duration of distressed behavior):</b>			
<b>Current adult response</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Removal of trigger  <input type="checkbox"/> Offer calming strategy  <input type="checkbox"/> Connection with an adult  <input type="checkbox"/> Verbal redirection  <input type="checkbox"/> Visual redirection  <input type="checkbox"/> Redirect to calm down space         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Brief physical support for safety  <input type="checkbox"/> Prolonged physical support for safety  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Removal of trigger <input type="checkbox"/> Offer calming strategy <input type="checkbox"/> Connection with an adult <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Visual redirection <input type="checkbox"/> Redirect to calm down space	<input type="checkbox"/> Brief physical support for safety <input type="checkbox"/> Prolonged physical support for safety <input type="checkbox"/> Other _____
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<b>Please describe and add additional information (include if the response was supportive to child):</b>			
<b>What do you think the child is needing (meaning of the distressed behavior)?</b>			

**\*Please note any impacts of the behavior on others nervous systems in the classroom (yourself, teachers and children).**

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_