

Behavior Incident Card

Date _____ Student: _____	Time: _____ - _____ Duration: _____ Location: _____	Campus: _____ Staff: _____
<p style="text-align: center;">Antecedent</p> <p>What happened before?</p> <input type="checkbox"/> Asked to do something (Academic)/(Non-Academic) <input type="checkbox"/> Could not get something/ Told No <input type="checkbox"/> Preferred activity Removed/Interruption <input type="checkbox"/> Attention given to others Other _____ _____ _____	<p style="text-align: center;">Inappropriate Behavior</p> <input type="checkbox"/> Physical Aggression ___Hit, ___ Kick, ___ Throw, ___Bite, ___Pinch, ___Spit <input type="checkbox"/> Noncompliance <input type="checkbox"/> Maladaptive Verbals ___Cry, ___Scream, ___Teasing <input type="checkbox"/> Running Away <input type="checkbox"/> Self Injurious <input type="checkbox"/> Fidget/Playing with objects <input type="checkbox"/> Other _____ <p style="text-align: center;">Intensity Level</p> <p>1: 0-5 acts of physical aggression; No injuries 2: 5-10; No injuries 3: 10-15; minor injuries 4: 15+; injuries; restraint</p>	<p style="text-align: center;">Consequence</p> <p>What happened after?</p> <input type="checkbox"/> Physical guide to comply <input type="checkbox"/> Kept Verbal Demand <input type="checkbox"/> Interruption/ Blocking <input type="checkbox"/> Redirection to activity <input type="checkbox"/> Ignored <input type="checkbox"/> Removed from room/activity <input type="checkbox"/> Time-out (duration____) <input type="checkbox"/> Physical Restraint Other _____ _____ _____

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