

Early Childhood Behavior Incident Report

Classroom:	Child:	Date:
Incident or Behavior Description:		
Time: <input type="checkbox"/> 7-8 <input type="checkbox"/> 8-9 <input type="checkbox"/> 9-10 <input type="checkbox"/> 10-11 <input type="checkbox"/> 11-12 <input type="checkbox"/> 12-1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3-4		
Activity (Check One)	Problem Behavior	Response
<input type="checkbox"/> Arrival <input type="checkbox"/> Clean-up <input type="checkbox"/> Departure <input type="checkbox"/> Gross Motor Time (Inside) <input type="checkbox"/> Large Group <input type="checkbox"/> Meal Time <input type="checkbox"/> Outside Time <input type="checkbox"/> Rest Time/Nap <input type="checkbox"/> Self-care/Bathroom <input type="checkbox"/> Small Group <input type="checkbox"/> Transition <input type="checkbox"/> Transportation <input type="checkbox"/> Work/Choice Time <input type="checkbox"/> Other: _____	<input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Inconsolable Crying <input type="checkbox"/> Unsafe Behaviors <input type="checkbox"/> Destroying Objects <input type="checkbox"/> Tantrum <input type="checkbox"/> Hurting Self <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Elopement <input type="checkbox"/> Other: _____ <p>*BOLD = Always Complete a BIRs Form</p>	<input type="checkbox"/> Redirect to Different Activity/Item <input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Provide Physical Comfort <input type="checkbox"/> Move Within Group <input type="checkbox"/> Remove Item <input type="checkbox"/> Reduce Demands <input type="checkbox"/> Re-Teach/Practice Expectation <input type="checkbox"/> Remove from Area <input type="checkbox"/> Remove from Activity <input type="checkbox"/> Physical Assistance <input type="checkbox"/> Take a Break <input type="checkbox"/> Time with a Teacher <input type="checkbox"/> Reset/Time Out <input type="checkbox"/> Request For Additional Staff Support <input type="checkbox"/> Physical Hold/Restrain <input type="checkbox"/> Family Contacted <input type="checkbox"/> Other: _____
Others Involved:		
<input type="checkbox"/> Teacher <input type="checkbox"/> Peer(s)	<input type="checkbox"/> Support/Administrative Staff <input type="checkbox"/> Substitute	<input type="checkbox"/> None <input type="checkbox"/> Other: _____
Staff Member Completing:		
Director Signature:		
Administrative Follow-Up:		
<input type="checkbox"/> None Needed <input type="checkbox"/> Talk With Child <input type="checkbox"/> Staff Follow-Up <input type="checkbox"/> Communication with Family	<input type="checkbox"/> Family Meeting <input type="checkbox"/> Crisis Plan Developed <input type="checkbox"/> Support Plan Initiated	<input type="checkbox"/> Referral for Tier 2 Plan <input type="checkbox"/> Child Sent Home <input type="checkbox"/> Other: _____