

**Community Action of Southeast Iowa
Head Start/Early Head Start
Behavior Report**

Child's Name: _____ Date: _____

Observer: _____ Time: _____

Lead Teacher: _____ County: _____

What was the behavior?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical aggression (hitting, kicking, biting) | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Unsafe behavior |
| <input type="checkbox"/> Verbal aggression (yelling, cursing, screaming) | <input type="checkbox"/> Running away | <input type="checkbox"/> Destroying property |
| <input type="checkbox"/> Self-injury | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Self-stimulatory behavior | <input type="checkbox"/> Tantrum | |

Activity/location behavior occurred

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arrival | <input type="checkbox"/> Meal time | <input type="checkbox"/> Center time |
| <input type="checkbox"/> Small group | <input type="checkbox"/> Transition | <input type="checkbox"/> Naptime |
| <input type="checkbox"/> Large group activity | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Clean-up |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bus | <input type="checkbox"/> Other: _____ |

Others Involved

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Peer | <input type="checkbox"/> Substitute | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Family Member | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Teacher Associate | <input type="checkbox"/> Support/Admin Staff | |

Possible Motivation/Cause

- | | | |
|---|---|--|
| <input type="checkbox"/> Obtain desired item/activity | <input type="checkbox"/> Gain adult attention | <input type="checkbox"/> Need sensory outlet |
| <input type="checkbox"/> Gain peer attention | <input type="checkbox"/> Avoid adults | <input type="checkbox"/> Sensory overload |
| <input type="checkbox"/> Avoid peers | <input type="checkbox"/> Avoid task | <input type="checkbox"/> Unknown |
| | | <input type="checkbox"/> Other: _____ |

Strategy/Response

- | | |
|---|---|
| <input type="checkbox"/> Verbal reminder | <input type="checkbox"/> Time with teacher |
| <input type="checkbox"/> Reteach/practice expected behavior | <input type="checkbox"/> Curriculum modification |
| <input type="checkbox"/> Move within the group | <input type="checkbox"/> Redirect to different activity/toy |
| <input type="checkbox"/> Removal of item | <input type="checkbox"/> Remove from activity/area |
| <input type="checkbox"/> Physically intervened | <input type="checkbox"/> Provide physical comfort |
| <input type="checkbox"/> Family contact | |

What preventative measures were implemented?

- | | | |
|---|---|---|
| <input type="checkbox"/> Tucker turtle | <input type="checkbox"/> Transition timer | <input type="checkbox"/> Activity sequence visuals (potty, flush, wash) |
| <input type="checkbox"/> Social story _____ | <input type="checkbox"/> First/then board | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Visual schedule | <input type="checkbox"/> Stop signs | |
| <input type="checkbox"/> Solution cards | <input type="checkbox"/> Reteach classroom rules with visuals | |
| <input type="checkbox"/> Emotions chart/thermometer | <input type="checkbox"/> Cue cards | |

Comments: _____

Staff Signature: _____ Parent/Guardian Signature: _____

Reviewed by: (initial): Education Coordinator: _____ Education Manager: _____ Health Coordinator: _____ Program Director: _____ Family/Comm Partnerships Coordinator: _____

Behavior Report Criteria

***If you can redirect behavior, a report is not needed**

When to USE a behavior report form: **Extreme** behavior that hurts/endangers the child or others.

a. Examples:

- Pinching that leaves a mark
- Biting – at any time
- Any hitting or slapping that leaves a mark on another child or adult
- Tantrums
- Self-stimulation or masturbation
- Spitting on another person because spitting involves bodily fluids
- Using inappropriate language consistently
- Drastic change in behavior
 - Social to "loner" - active to lethargic - talkative to quiet
 - change in eating habits - dry to wetting self - friendly to squabbling

When not to use a behavior report form:

a. When the concern is about behavior that is developmentally or age appropriate.

- Two children play in the block corner and a squabble erupts with yelling between the two children. (Staff should go over and help children resolve the conflict.)
- A child curses or cusses one time when they get angry. (Staff should take the child aside and talk to them about using appropriate language.)
- A child seems to run around the class a lot. (Staff should look at the room arrangement first)
- Behavior that can be redirected.

What to consider if you find inappropriate behavior:

1. Your schedule – how can you change your large group times? Are the children getting enough large motor play or outside play time?
2. Are your expectations developmentally appropriate?
3. Your room arrangement – what can you change and how?
4. Are the children really engaged in learning or are they just wandering around?
5. Have you considered a different strategy of handling this child? Personality differences?
6. Have you discussed the behaviors with the child, asking for their input and making them a part of the process for change?

Special Note: After 3 attempts have been made to get parent's signatures, please submit form to Central Office. Make sure that you **notify supervisor and parent the day the EXTREME behavior happens.** (See extreme behavior definition above.)