

## Behavior Incident Report

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Incident Information

Report by: \_\_\_\_\_ Location (s): \_\_\_\_\_ Time: \_\_\_\_\_

Brief Description of Behavior:

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### Emotional State

|                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Anxious   | <input type="checkbox"/> Angry         | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Other _____ |

### Behavior Demonstrated

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Unsafe Behavior       | <input type="checkbox"/> Inappropriate Language  | <input type="checkbox"/> Hurts others               |
| <input type="checkbox"/> Standing on Furniture | <input type="checkbox"/> Inappropriate Gestures  | <input type="checkbox"/> Aggressive toward property |
| <input type="checkbox"/> Rocking in Chair      | <input type="checkbox"/> Lying                   | <input type="checkbox"/> Threaten Student           |
| <input type="checkbox"/> Out of Area           | <input type="checkbox"/> Aggressive              | <input type="checkbox"/> Not following directions   |
| <input type="checkbox"/> Disrespectful         | <input type="checkbox"/> Self-Injurious Behavior | <input type="checkbox"/> Threaten Staff             |
| <input type="checkbox"/> Arguing               | <input type="checkbox"/> Other _____             | <input type="checkbox"/> Other _____                |

Additional Comments:

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Suicidal Ideation (if applicable) \_\_\_\_\_

Resolution: \_\_\_\_\_

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Time back to class: \_\_\_\_\_ Total time in Support: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Above Information Communication to:  Teacher (Mandatory)  Clinical  Staff Administrator