

Ohio Local Preschool Behavior Incident Report

Child's Name/ID: _____ Classroom/ID: _____ Person Reporting: _____

Date: _____ Time of Occurrence: _____ Age: ____ Gender: ____ IEP: Yes ____ ESL: Yes ____

**Problem Behavior: MARK ALL BEHAVIORS THAT OCCURRED,
NOTE WITH A #1 THE MOST INTENSE.**

Unsafe Behaviors:

- Physical Aggression
- Hurting Self (Self-Injury)
- Break/ Destroy Items (Property Damage)
- Running Away

Safe Behaviors:

- Verbal Aggression/Harassment/Teasing
- Disruption/Tantrum
- Non-compliance/Defiance/Disrespect
- Social Withdrawal/Isolation
- Other:

Notes about Incident:

Antecedent (what happened right before the behavior occurred):

Behavior (additional details to safe/ unsafe behaviors marked above):

Actions/ Reactions: (what did the adult and/ or peers do immediately after the behavior occurred):

Activities/ Location

- Arrival
- Circle Time/ Large Group Activity
- Small Group Activity
- Individual Activity
- Centers
- Clean-up
- Meals (Snack)
- Transitions
- Gross Motor
- Outdoor Play (Playground)

- Self-Care/ Bathroom
- Therapy (including Therapy Room)
- Special Activity
- Field Trip
- Departure (Dismissal)
- Transportation (Bus)
- Other (circle one or add): classroom, hallway, gym, safety drills, blended class activity

Strategy/Response(s): MARK ALL STRATEGIES THAT WERE ATTEMPTED, BUT CIRCLE THE ONE THAT WAS THE MOST INTRUSIVE.

<ul style="list-style-type: none"> <input type="checkbox"/> Verbal/ visual reminder <input type="checkbox"/> Reteach skills/ practice expected behavior <input type="checkbox"/> Move within the group <input type="checkbox"/> Redirect to a different activity or toy <input type="checkbox"/> Provide physical comfort <input type="checkbox"/> Time with teacher <input type="checkbox"/> Remove item <input type="checkbox"/> Remove child from activity <input type="checkbox"/> Remove child from area Loss of activity 	<ul style="list-style-type: none"> ● Acknowledge and help identify feelings ● Calming strategy/ Sensory Break ● Choices ● De-escalation methods ● Firm tone of voice ● Ignore ● Natural consequences ● Problem solving with prompting ● Remove child from classroom ● Remove class from classroom ● Repeat request with consequences ● Wait time
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Possible Motivation: CHECK ONE

<ul style="list-style-type: none"> <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Gain peer attention <input type="checkbox"/> Gain Adult Attention <input type="checkbox"/> Avoid Peers <input type="checkbox"/> Avoid Adults 	<ul style="list-style-type: none"> <input type="checkbox"/> Avoid Tasks <input type="checkbox"/> Avoid Sensory <input type="checkbox"/> Obtain Sensory <input type="checkbox"/> Don't Know <input type="checkbox"/> Other:
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Others Involved During Incident:

<ul style="list-style-type: none"> <input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher (Paraprofessional) <input type="checkbox"/> Therapist <input type="checkbox"/> Peer/s <input type="checkbox"/> Substitute 	<ul style="list-style-type: none"> <input type="checkbox"/> Family Member <input type="checkbox"/> None <input type="checkbox"/> Transportation Driver (Bus Driver/Aide) <input type="checkbox"/> Other:
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This report will not be sent home. It is for data collection information only.

If parents are contacted, note how: ___ in person, ___ by phone

Date Parent Contacted: _____

Would you like the leadership team to review this student for Tier 2 consideration?

YES ___