

Behavior Observation Report (BOR) &/or Behavior Incident Report (BIR)

Select the appropriate option: BOR BIR*

*If BIR is selected, document the reason in the comment section at the end of the report and obtain signatures.

Child's Name: _____		Staff Name: _____
Date: _____	Time of Occurrence: _____	Classroom: _____
What Happened Before? <i>(from the child's perspective)</i>	Describe the Behavior Like a Camera Sees It <i>(form of behavior)</i>	What Happened Immediately After? <i>(from the child's perspective)</i>
Why is this happening? (refer to <i>Toward a Better Understanding of Children's Behavior</i> for support, if needed)		
<input type="checkbox"/> Developmental Stage	<input type="checkbox"/> Individual Differences	<input type="checkbox"/> Health Issue
<input type="checkbox"/> Environment	<input type="checkbox"/> Temperament	<input type="checkbox"/> Express Emotion
<input type="checkbox"/> Lack of Skills	<input type="checkbox"/> Sensory Motor Capacities	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Unmet Emotional Need	<input type="checkbox"/> Disability	
Possible Motivation/Function (select all that seem possible)		
<input type="checkbox"/> Obtain Desired Item	<input type="checkbox"/> Express Emotion	<input type="checkbox"/> Avoid Task
<input type="checkbox"/> Obtain Desired Activity	<input type="checkbox"/> Initiate Social Interaction	<input type="checkbox"/> Avoid Peers
<input type="checkbox"/> Gain Connection to Person	<input type="checkbox"/> Avoid Adults	<input type="checkbox"/> Get Help
<input type="checkbox"/> Gain Sensory Stimulation	<input type="checkbox"/> Avoid Sensory Stimulation	<input type="checkbox"/> Other: _____
Location of Occurrence (select only one)		
<input type="checkbox"/> Indoor Play Area	<input type="checkbox"/> Eating Area	<input type="checkbox"/> Bathroom/Changing Area
<input type="checkbox"/> Outdoor Play Area	<input type="checkbox"/> Sleeping Area	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bus	<input type="checkbox"/> Center: _____	
Activity or Routine (select only one)		
<input type="checkbox"/> Arrival/Drop-Off Time	<input type="checkbox"/> Large Group	<input type="checkbox"/> Departure/Pick-Up Time
<input type="checkbox"/> Meals/Snack	<input type="checkbox"/> Inside Play	<input type="checkbox"/> Transition
<input type="checkbox"/> Nap/Quiet Time	<input type="checkbox"/> Outdoor Play	<input type="checkbox"/> Individual Activity
<input type="checkbox"/> Self-Care	<input type="checkbox"/> Small Group Activity	<input type="checkbox"/> Other: _____
Others Directly Involved (select all that apply)		
<input type="checkbox"/> Teacher/Primary Caregiver	<input type="checkbox"/> Family Member	<input type="checkbox"/> Peers/Classmates
<input type="checkbox"/> Associate Teacher	<input type="checkbox"/> Family Child Care Staff	Initials: _____
<input type="checkbox"/> Aide	<input type="checkbox"/> Support/Administrative Staff	<input type="checkbox"/> Other: _____
What happened later? What did others do? (select all that apply, even if written above)		
<input type="checkbox"/> Acknowledged Distress	<input type="checkbox"/> Adult Moved Closer	<input type="checkbox"/> Physical Guidance
<input type="checkbox"/> Offered Comfort	<input type="checkbox"/> Acknowledged Feelings	<input type="checkbox"/> Family Contact
<input type="checkbox"/> Tried Soothing Strategies	<input type="checkbox"/> Visual Reminder (first/then, visual cue)	<input type="checkbox"/> Social-Emotional Teaching Strategy
<input type="checkbox"/> Peers Move Away	<input type="checkbox"/> Redirection	(describe): _____
<input type="checkbox"/> Used Words to Connect with Child	<input type="checkbox"/> Time with Adult	<input type="checkbox"/> Other: _____

Comments (include strengths as well as setting events (if known)): _____

All BIRs must be reviewed & signed by HT/SS and sent to Area Manager for approval prior to reviewing with parent. Parent/guardian signature will be obtained as acknowledgment of Behavior Incident. If the signature cannot be obtained quickly enough, staff can review the BIR with the parent (initial below) and retrieve signature later. The completed BIR will be scanned to Dis./MH Dept. within 48 hours of incident. Signatures are not required on BORs. Refer to [SOP 5.3.24.1 Behavior Incidents](#) for more information.

SS/HT Signature: _____ Parent/Guardian Signature: _____

I have reviewed with the parent/guardian (initial): _____ Reviewed: In-Person Phone Other: _____