



## Behavior Report

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

What happened? Problem Behavior (check most intrusive)

- |   |  |
|---|--|
| <input type="checkbox"/> Physical aggression    | <input type="checkbox"/> Verbal aggression           |
| <input type="checkbox"/> Self-injury            | <input type="checkbox"/> Non-compliance              |
| <input type="checkbox"/> Stereotypic Behavior   | <input type="checkbox"/> Social withdrawal/isolation |
| <input type="checkbox"/> Disruption/Tantrums    | <input type="checkbox"/> Running away                |
| <input type="checkbox"/> Inconsolable crying    | <input type="checkbox"/> Property damage             |
| <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Unsafe behaviors            |

Other \_\_\_\_\_

What was going on when it happened?

- |  |  |
|--|--|
| <input type="checkbox"/> Arrival                     | <input type="checkbox"/> Special activity/Field trip |
| <input type="checkbox"/> Routine job                 | <input type="checkbox"/> Self-care/Bathroom          |
| <input type="checkbox"/> Circle/Large group activity | <input type="checkbox"/> Transition                  |
| <input type="checkbox"/> Small group activity        | <input type="checkbox"/> Departure                   |
| <input type="checkbox"/> Centers/Indoor play         | <input type="checkbox"/> Clean-up                    |
| <input type="checkbox"/> Meals                       | <input type="checkbox"/> Individual activity         |
| <input type="checkbox"/> Outdoor play                |  |
| <input type="checkbox"/> Other _____                 |  |

Provider response:



**Auburn University  
Accident/Incident Report Form**

No.

**INCIDENT INFORMATION**

1. Incident Date	5. Location of Incident
2. Time of Incident	
3. Photos Taken? Yes      No	6. Description of Incident - Include conditions present at the time of loss
4. Who took the photos?	

**CLAIMANT INFORMATION**

6. Claimant's Name	7. Home Phone	8. Home Address
9. Date of Birth	10. Work Phone	11. Work Address
12. Gender F      M	12. Incident involves: (check all that apply) STUDENT      EMPLOYEE      VISITOR      GUEST	
14. Police Called? Yes      No	15. Police Agency	
16. Police Report Case Number	17. Police Officer's Name	

18. Witness Information		
Name	Address (City, State, Zip)	Phone (Include Area Code)

**INJURY LOSS INFORMATION**

19. If the accident/incident resulted in bodily injury, describe the nature of the injury (Ex. burn cut, fracture, etc.):	
21. Was first aid given? Yes      No	26. Describe the first aid given. Was first aid refused?
22. Who administered first aid?	
23. Was an ambulance called? Yes      No	
24. Was the injured party taken to the emergency room or a doctor? Yes      No	
25. Where was the injured party taken for treatment?	

**PROPERTY DAMAGE LOSS INFORMATION**

27. If the accident/incident resulted in property damage, give a description of the items:
28. Describe the nature and extent of the damages to the property:

**REPORTING INFORMATION**

31. Reporting Employee	32. Title of Reporting Employee
33. Signature of Reporting Employee	34. Date of Report