

STUDENT NAME Incident Record

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|-------------------|--|-------|--|
| Date: | | Time: | |
| Subject/Activity: | | | |

| Antecedents (what happened immediately before TB): | Precursor Behavior (student behaviors immediately before TB): | Target Behavior(s) (list and operationally define target behaviors): | Consequences (what stimuli immediately followed the TB): |
|--|--|---|--|
| <p><i>Setting Events-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Instruction (1:1) <input type="checkbox"/> Instruction (group) <input type="checkbox"/> Individual work (alone) <input type="checkbox"/> Leisure/Break (individual) <input type="checkbox"/> Leisure/Break (group) <input type="checkbox"/> Meal/Snack <input type="checkbox"/> Transition <input type="checkbox"/> Illness/Allergies <input type="checkbox"/> Physical discomfort (other) <input type="checkbox"/> Sleep deprived <p><i>Immediate Antecedents-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Ignored by staff <input type="checkbox"/> Staff walked away <input type="checkbox"/> Leisure/Break/Food denied <input type="checkbox"/> Leisure/Break/Food removed <input type="checkbox"/> Other request denied <input type="checkbox"/> Prompt to transition to work (from different activity) <input type="checkbox"/> Prompt to work (during same activity) <input type="checkbox"/> Given instructions <input type="checkbox"/> Provoked by peer <input type="checkbox"/> Ignored by peers <p><i>Other Antecedents-</i></p> | <p><i>Vocalizations-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Scream <input type="checkbox"/> Laugh <input type="checkbox"/> Curse <input type="checkbox"/> Cry/Whine <input type="checkbox"/> Request <input type="checkbox"/> Refusal <p><i>Facial-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Smile <input type="checkbox"/> Frown <input type="checkbox"/> Grimace <input type="checkbox"/> Surprise <p><i>Posture-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Slouch <input type="checkbox"/> Drop to floor <input type="checkbox"/> Head down <input type="checkbox"/> Stand <input type="checkbox"/> Walking/pacing <input type="checkbox"/> Running <p><i>Repetitive Motion-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fidget <input type="checkbox"/> Tap finger <input type="checkbox"/> Stomping <input type="checkbox"/> Banging hands <input type="checkbox"/> Skin picking <input type="checkbox"/> Flapping or clapping <input type="checkbox"/> Touching hair <p><i>Object Manipulation-</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Play <input type="checkbox"/> Tap <input type="checkbox"/> Twirl <p><i>Other Precursors-</i></p> | <p><input type="checkbox"/></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Verbal prompt to “stop” <input type="checkbox"/> Physical response block <input type="checkbox"/> Nonverbal correction <input type="checkbox"/> Staff ignored <input type="checkbox"/> Removal to time out <input type="checkbox"/> Removal to time away <input type="checkbox"/> Removal to other setting <input type="checkbox"/> Removal of peers <input type="checkbox"/> Task demand terminated <input type="checkbox"/> Onset of task delayed <input type="checkbox"/> Transition interrupted <input type="checkbox"/> Extended break time <input type="checkbox"/> Access to tangible <p><i>Other Consequences-</i></p> |