PBIS Incident Form

Individual's Name _____ **Program** _____ **Time** _____

Date_____ **Day** _____ **Reporting Staff** _____

RESIDENTIAL - LOCATION ***(Check One)***

- ☐ Bathroom
- ☐ Bedroom – Individuals
- ☐ Bedroom – Peers
- ☐ Basement
- ☐ Community
- ☐ Dining room
- ☐ Fitness room
- ☐ Kitchen
- ☐ Laundry room
- ☐ Living Room
- ☐ Outside/parking lot
- ☐ Van
- ☐ Other_____

DAY SERVICES - LOCATION ***(Check One)***

- ☐ Bathroom
- ☐ Community
- ☐ Kitchen
- ☐ Fitness room
- ☐ Lockers
- ☐ Office
- ☐ Outside/parking lot
- ☐ Program area
- ☐ Sensory Room
- ☐ Day Hab ½ door
- ☐ PG1
- ☐ Pgrm room 2
- ☐ Pgrm room 3
- ☐ Pgrm room 4
- ☐ Van
- ☐ Other_____ _____

PROBLEM BEHAVIORS/ INCIDENTS ***(Check One - Most Serious)***

- ☐ Abusive/Inapp. language
- ☐ Disruptive
- ☐ Eloping
- ☐ Fall/injury
- ☐ Harassment/bullying
- ☐ PICA
- ☐ Inapp. Sexual behavior
- ☐ Medication Refusal
- ☐ Non-compliance
- ☐ Physical altercation
- ☐ Physical aggression
- ☐ Property damage
- ☐ Smearing (fecal/urine)
- ☐ Self-Injurious Behavior
- ☐ Tantrum (Phys Agg/SIB/prop destruction)
- ☐ Verbal threats
- ☐ Other _____

PERCEIVED MOTIVATION ***(Check one)***

- ☐ Obtain Staff Attention
- ☐ Obtain Peer Attention
- ☐ Obtain Item/Activity/Location
- ☐ Obtain Sensory
- ☐ Avoid Staff Attention
- ☐ Avoid Peer Attention
- ☐ Avoid Task/Activity
- ☐ Avoid Sensory
- ☐ Unknown Motivation
- ☐ Other_____

ANTECENDENT ***(Check One)***

- ☐ Challenging task
- ☐ Changed routine
- ☐ Home visit
- ☐ Medical issue
- ☐ Medication
- ☐ Noisy environment
- ☐ New/changed environment
- ☐ Peers interaction
- ☐ Prior incident
- ☐ Staff interaction
- ☐ Staff request
- ☐ Stranger interaction
- ☐ Transition
- ☐ Transportation
- ☐ Unknown
- ☐ Denied Item/Activity
- ☐ Other_____

PROACTIVE STRATEGY
(✓ all that apply)

- ☐ Verbal/gestural/visual Redirection
- ☐ Remove Object
- ☐ Remove Audience
- ☐ Blocking
- ☐ Physical Redirection
- ☐ Other _____

OTHERS INVOLVED
(Check all that apply)

- ☐ Staff
- ☐ Peers
- ☐ Family
- ☐ Manager
- ☐ Other _____

INJURY
(✓ all that apply)

- ☐ Peer
- ☐ Staff
- ☐ Self
- ☐ Other _____

ADMINISTRATIVE ACTION
(Check all that apply)

- ☐ Contact Manager ☐ Comm. Log
- ☐ Contact Director
- ☐ Contact Guardian
- ☐ Property Damage Resolved
- ☐ DDS Incident report/HCSIS
- ☐ Other _____

EMERGENCY ACTION
(Check all that apply)

- ☐ Ambulance ☐ Police
- ☐ Contact Nurse ☐ Fire
- ☐ Doctor Visit/Urgent Care
- ☐ ER Visit
- ☐ Hospital Admission
- ☐ Emergency Restraint
- ☐ Other _____

Brief Description of Incident:

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