

Behavior Incident Report

Arlington Center for the Arts

Child's Name _____ Date _____
Referring Staff _____ Time _____

(This section filled out by Counselor)

Behavior Description

Aggression Inappropriate Language Running Away
 Self Aggression Non-Compliance Property Damage
 Disruption/Tantrums Unsafe Behavior Sad/Anxious
 Other _____

Location of Incident

Art Classroom Hallway Field Trip
 Drama Classroom Playground Bathroom
 Music Classroom Theater Other _____

Others Involved

Peers Counselor in Training Teacher (name _____)
 Counselor Other _____ ACA Staff (name _____)

Activity

Art Class Snack Arrival Other _____
 Drama Class Lunch Departure _____
 Music Class Recess Class Transition _____

Possible Motivation

Hungry Obtain Desired Item Gain Adult Attention Avoid Adults
 Tired Obtain Desired Activity Avoid Task Don't Know
 Bored Gain Peer Attention Avoid Peers Anxiety
 Other _____

Other Info _____

(to be filled out by ACA Staff)

Staff Member(s) Consulted _____

Resolution _____

