

CONFIDENTIAL

Name of individual: \_\_\_\_\_



	<b>Antecedent</b>	<b>Behaviour</b>	<b>Consequence</b>
Date and time of incident:	What happened immediately before the incident: <ul style="list-style-type: none"> <li><input type="checkbox"/> The individual's routine was disrupted</li> <li><input type="checkbox"/> Individual was alone</li> <li><input type="checkbox"/> Individual was participating in/asked to do a non preferred activity</li> <li><input type="checkbox"/> Individual was not participating in activity</li> <li><input type="checkbox"/> Individual was prevented from doing a desired activity</li> <li><input type="checkbox"/> Individual was unable to get item requested</li> <li><input type="checkbox"/> Staff were occupied with another person</li> <li><input type="checkbox"/> Individual was told not to do something</li> </ul> Other: _____	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriate vocalisations: _____</li> <li><input type="checkbox"/> Leaving staff: _____</li> <li><input type="checkbox"/> Stomping: _____</li> <li><input type="checkbox"/> Self-injurious behaviour: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul> Duration: _____ (number) secs/mins/hours	<ul style="list-style-type: none"> <li><input type="checkbox"/> Request was withdrawn</li> <li><input type="checkbox"/> Individual was given desired item</li> <li><input type="checkbox"/> Individual was given assistance</li> <li><input type="checkbox"/> Individual was spoken to</li> <li><input type="checkbox"/> Individual was asked to stop</li> <li><input type="checkbox"/> Individual was given something to do</li> <li><input type="checkbox"/> Low arousal approach used</li> <li><input type="checkbox"/> Individual was given time alone</li> <li><input type="checkbox"/> Individual given 1:1 attention</li> <li><input type="checkbox"/> Thing causing distress was removed</li> </ul> Other: _____
Location of incident:	Other: _____	Please describe the incident of challenging behaviour (detail, sequence of behaviours, people behaviours were directed to):	Explain the above (e.g. what was said):
People present:	Explain the above (e.g. what aspect of routine was changed):		Describe person's response to intervention:
	Other Factors (e.g. illness, tiredness):		Was physical intervention used: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes: _____</li> <li><input type="checkbox"/> No</li> </ul>

Name of staff member completing form: \_\_\_\_\_ Signature of staff member: \_\_\_\_\_

Name of manager of service: \_\_\_\_\_ Signature of manager: \_\_\_\_\_