

MALADAPTIVE BEHAVIOR CARD

Instructions: Complete one of these forms for each occurrence of maladaptive behavior. For each occurrence check the box indicating what happened before the behavior, describe the behavior and what you did following the behavior.

Student:	Teacher:	Location:	Date:	
			Time:	
				Time Begin:
				Time End:

What happened before? <input type="checkbox"/> Appeared to be in discomfort <input type="checkbox"/> Asked to do something <input type="checkbox"/> Bored-No materials/activities <input type="checkbox"/> Could not get desired item <input type="checkbox"/> Loud/disruptive environment <input type="checkbox"/> Nothing "out of the blue" <input type="checkbox"/> Ongoing behavior interrupted <input type="checkbox"/> Other student provoked <input type="checkbox"/> Stopped from doing activity <input type="checkbox"/> Transitional time <input type="checkbox"/> Attention given to others <input type="checkbox"/> Other (Specify): <hr/> <hr/> <hr/> <hr/>	Inappropriate Behavior <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Aggression <input type="checkbox"/> Flopping <input type="checkbox"/> Bolting <input type="checkbox"/> Screaming <input type="checkbox"/> Property destruction <input type="checkbox"/> Verbal threat Description: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	What did the teacher do? <input type="checkbox"/> Called for assistance <input type="checkbox"/> Interruption/Blocking <input type="checkbox"/> Nothing/Ignored <input type="checkbox"/> Physical discomfort relieved <input type="checkbox"/> Physical re-direction to activity <input type="checkbox"/> Physical restraint (manual) <input type="checkbox"/> Removed from room/area <input type="checkbox"/> Required to continue activity <input type="checkbox"/> Separation within room/area <input type="checkbox"/> Time-out (Duration: _____) <input type="checkbox"/> Verbal redirection to activity <input type="checkbox"/> Other (Specify): <hr/> <hr/> <hr/> <hr/>
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