

**School Name:** Gordon's Early Learning center

**School Year:** 2017/2018

**Student Enrollment**

2017/2018: 35

2016/2017: 33

2015/2016: 34

2014/2015: 34

**Race and Ethnicity**

Hispanic: 3

Non-Hispanic: 30

Asian: 2

Native American: 0

White: 25

African American/Black: 5

Native Hawaiian/Pacific Islander: 0

Multi-Racial: 0

Students with IEPs: 18

\* As per federal guidelines, students are not counted twice. Students counted as Hispanic are not counted in any other subgroup.

**Staff Members:**

Albus Dumbledore

Minerva McGonagall

Severus Snape

Filius Flitwick

Student #	Name	Gender	Ethnicity	Race	IEP
111111	Draco Malfoy	M	Non-Hispanic	White	No
222222	Vincent Crabbe	M	Non-Hispanic	White	Yes
333333	Gregory Goyle	M	Non-Hispanic	White	Yes
444444	Pansy Parkinson	F	Non-Hispanic	White	Yes

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Draco Malfoy Classroom Teacher: Minerva McGonagall

P<sub>2</sub>

P<sub>3</sub>



K

Person Reporting: Minerva McGonagall Date: 8/22/17 Time: 2:15

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input checked="" type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input checked="" type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input checked="" type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input checked="" type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Draco Malfoy Classroom Teacher: Minerva McGonagall

P<sub>2</sub>

P<sub>3</sub>

P<sub>4</sub>

K

Person Reporting: Minerva McGonagall

Date: 9/9/17 Time: 9:20

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input checked="" type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption/Tantrum <input checked="" type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input type="checkbox"/> Peer(s) <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input checked="" type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input type="checkbox"/> Gain Peer attention <input checked="" type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input checked="" type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input checked="" type="checkbox"/> Parent contact <input type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Pansy Parkinson Classroom Teacher: Severus Snape

P<sub>1</sub>

P<sub>2</sub>

P<sub>3</sub>



K

Person Reporting: Severus Snape

Date: 9/18/17

Time: 2:15

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input checked="" type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input checked="" type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input checked="" type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input checked="" type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Pansy Parkinson Classroom Teacher: Severus Snape

P<sub>1</sub>

P<sub>2</sub>

P<sub>3</sub>

**P<sub>4</sub>**

K

Person Reporting: Severus Snape

Date: 9/16/17

Time: 10:05

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input checked="" type="checkbox"/> Classroom Jobs <input type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input checked="" type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input checked="" type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input checked="" type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input checked="" type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input checked="" type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Draco Malfoy Classroom Teacher: Minerva McGonagall

P<sub>1</sub>

P<sub>2</sub>

P<sub>3</sub>

P<sub>4</sub>

K

Person Reporting: Minerva McGonagall

Date: 9/27/17 Time: 10:18

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input type="checkbox"/> Classroom <input checked="" type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input checked="" type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input checked="" type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input checked="" type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input checked="" type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input checked="" type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Draco Malfoy Classroom Teacher: Minerva McGonagall

P<sub>2</sub>

P<sub>3</sub>



K

Person Reporting: Minerva McGonagall

Date: 8/22/17

Time: 2:15

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input checked="" type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input checked="" type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input checked="" type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input checked="" type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

# Early Childhood Data Collection Tool

## Behavior Incident Report

Child's Name: Gregory Goyke Classroom Teacher: Severus Snape

P<sub>2</sub>

P<sub>3</sub>

P<sub>4</sub>

K

Person Reporting: Severus Snape

Date: 8/22/17

Time: 2:15

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input checked="" type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input checked="" type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input checked="" type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input checked="" type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**

## Early Childhood Data Collection Tool Behavior Incident Report

Child's Name: Gregory Goyle Classroom Teacher: Filvus Flitwick

P<sub>2</sub>

P<sub>3</sub>

P<sub>4</sub>

K

Person Reporting: Filvus Flitwick

Date: 8/22/17

Time: 2:15

LOCATION	ROUTINE	PROBLEM BEHAVIOR	OTHERS INVOLVED
<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Common Area <input type="checkbox"/> Hallway/Breezeway <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Parking Lot <input type="checkbox"/> Bus <input type="checkbox"/> Special Event/Field Trip Other: _____	<input type="checkbox"/> Arrival <input type="checkbox"/> Classroom Jobs <input checked="" type="checkbox"/> Circle time <input type="checkbox"/> Large group activity <input type="checkbox"/> Small group activity <input type="checkbox"/> Individual activity <input type="checkbox"/> Free Play <input type="checkbox"/> Centers <input type="checkbox"/> Meals <input type="checkbox"/> Nap <input type="checkbox"/> Outdoor Play <input type="checkbox"/> Special Activity/Field Trip <input type="checkbox"/> Restroom <input type="checkbox"/> Transition <input type="checkbox"/> Clean up <input type="checkbox"/> Dismissal/Departure <input type="checkbox"/> Therapy Other: _____	<input type="checkbox"/> Defiance/Non-compliance <input type="checkbox"/> Disrespect <input checked="" type="checkbox"/> Disruption/Tantrum <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Physical Contact <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Property Misuse/Destruction <input type="checkbox"/> Self-Injury <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Social Withdrawal/Isolation <input type="checkbox"/> Running Away <input type="checkbox"/> Unsafe Behaviors Other: _____  <p style="text-align: center;"><b><u>INTENSITY LEVEL</u></b></p> <input type="checkbox"/> I-(non-problem) <input type="checkbox"/> II-(minor problem) <input type="checkbox"/> III-(moderate/chronic problem) <input checked="" type="checkbox"/> IV-(major problem)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Peer(s) <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Substitute <input type="checkbox"/> Unknown Other: _____

INITIAL TRIGGER FOR BEHAVIOR	MOTIVATION FOR BEHAVIOR	CONSEQUENCE FOR BEHAVIOR/STAFF RESPONSE	CONSEQUENCE FOR BEHAVIOR/ ADMINISTRATIVE DECISION
<input checked="" type="checkbox"/> Adult request/redirection <input type="checkbox"/> Peer provoked <input type="checkbox"/> Difficult task <input type="checkbox"/> Adult not in close proximity <input type="checkbox"/> No peer attention Other: _____ -	<input checked="" type="checkbox"/> Gain Peer attention <input type="checkbox"/> Gain adult attention <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain desired activity <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid task/activity <input type="checkbox"/> Avoid peers <input type="checkbox"/> Avoid adult attention <input type="checkbox"/> Avoid sensory <input type="checkbox"/> Don't know	<input type="checkbox"/> Verbal Reminder <input type="checkbox"/> Reteach/Practice <input type="checkbox"/> Removal from activity <input type="checkbox"/> Physical Guidance <input type="checkbox"/> Curriculum Modification <input checked="" type="checkbox"/> Family Contact <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Move within group <input type="checkbox"/> Time with Support Staff/other teacher <input type="checkbox"/> Remove from activity <input type="checkbox"/> Physical Hold/Restraint Other: _____	<input type="checkbox"/> Principal/Student conference <input type="checkbox"/> Parent contact <input checked="" type="checkbox"/> Parent Conference <input type="checkbox"/> Time out in other class <input type="checkbox"/> Time out in office <input type="checkbox"/> Loss of Recess <input type="checkbox"/> Counselor Referral <input type="checkbox"/> Referral to Behavior Specialist <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Suspension <input type="checkbox"/> Reduce hours in Program <input type="checkbox"/> Arrange Behavioral Consult. Other: _____

**COMMENTS:**