

BEHAVIORAL ASSESSMENT TOOL

Student Name: _____ **Child start date with KPS:** _____

Assessment Completed By: _____ **How long have you known the child?** _____

Relation to the Child: **Lead Teacher** **Assistant Teacher** **Administrative Team Member** **Parent** **Other:** _____

Do you interact with this child on a daily basis? Yes No

In what situations do you usually interact with the child being assessed?

Breakfast A.M. Snack Lunch Naptime Bathroom Time P.M. Snack Behavior Assistance **Other:** _____

The information collected helps identify environmental and physical factors that may influence challenging behaviors.

This information is intended to be used only to analyze behavior characteristics.

The results will be used to provide different social and environmental strategies to create a more cohesive behavior by the child.

How to complete this assessment :

Answer each identifying question first. Next, complete each "yes" and "no" question. If you are uncertain about any of the questions, circle "N/A."

1 Positive Behavior:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> shares | <input type="checkbox"/> good helper | <input type="checkbox"/> cleans up |
| <input type="checkbox"/> expresses feelings and needs with words | <input type="checkbox"/> expresses feelings and needs with appropriate actions | |
| <input type="checkbox"/> calmly deals with social conflict | <input type="checkbox"/> sensitive to others' needs and interests | |
| <input type="checkbox"/> participates in group activities | <input type="checkbox"/> takes care of one's needs which are developmentally appropriate | |
| <input type="checkbox"/> uses problem solving techniques | <input type="checkbox"/> makes and expresses choices, plans and decisions | |
| <input type="checkbox"/> plays nicely with friends | <input type="checkbox"/> plays nicely by themselves | |

Comments: _____

2 Challenging Behavior:

AGGRESSION

- | | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> hits teacher | <input type="checkbox"/> throws toys | <input type="checkbox"/> pinches | <input type="checkbox"/> screams |
| <input type="checkbox"/> kicks | <input type="checkbox"/> pushes | <input type="checkbox"/> punches | <input type="checkbox"/> hits friends |
| <input type="checkbox"/> spits | <input type="checkbox"/> fights as a make believe villain | | <input type="checkbox"/> tells friends "I'm not your friend!" |
| <input type="checkbox"/> runs around the room | Other: _____ | | |

Frequency: Hourly Daily Weekly Less Often

SELF-INJURY

- | | | |
|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> bites self | <input type="checkbox"/> hits self | <input type="checkbox"/> throws self on the floor |
| <input type="checkbox"/> pinches self | <input type="checkbox"/> cuts self | Other: _____ |

Frequency: Hourly Daily Weekly Less Often

PROPERTY DESTRUCTION

- | | | | |
|--------------------------------|--------------------------------------|--|---------------------|
| <input type="checkbox"/> spits | <input type="checkbox"/> throws toys | <input type="checkbox"/> pulls on carpet | Other: _____ |
|--------------------------------|--------------------------------------|--|---------------------|

Frequency: Hourly Daily Weekly Less Often

DEFIANCE

runs around the room

hides

repeatedly says "NO"

disregards classroom rules

uses inappropriate language - "potty mouth"

Other: _____

Frequency:

Hourly

Daily

Weekly

Less Often

TEMPER TANTRUM

frustration

overly tired

not getting what they want

Other: _____

Frequency:

Hourly

Daily

Weekly

Less Often

Comments: _____

3 Situations in which the challenging behavior is most likely to occur:

Time of Day: _____

Activities: _____

Other Children Present: _____

4 Situations in which the challenging behavior is least likely to occur:

Time of Day: _____

Activities: _____

Other Children Present: _____

5 What is usually happening to the child right before the challenging behavior occurs?

6 What is usually happening to the child right after the challenging behavior occurs?

7 List any current treatments/activities being used for this challenging behavior:

YES OR NO QUESTIONS

- 1 Does the child usually engage in the challenging behavior when he or she is being ignored or when caregivers are paying attention to someone else? Yes No N/A
- 2 Does the child usually engage in the challenging behavior when requests for preferred activities (games, toys) are denied or when these items are taken away? Yes No N/A
- 3 When the challenging behavior occurs, do you or other caregivers usually try to calm the child down or try to engage the child in preferred activities? Yes No N/A
- 4 Is the child usually well behaved when he or she is getting lots of attention or when preferred items or activities are freely available? Yes No N/A
- 5 Is the child interested when asked to perform a task or to participate in group activities? Yes No N/A
- 6 Does the child usually engage in the challenging behavior when asked to perform a task or to participate in group activities? Yes No N/A
- 7 When the challenging behavior occurs, is the child usually given a "break" from tasks? Yes No N/A
- 8 Is the child usually well behaved when he or she is not required to do anything? Yes No N/A
- 9 Does the challenging behavior seem to be a "ritual" or habit, repeatedly occurring the same way? Yes No N/A
- 10 Does the child usually engage in the challenging behavior even when no one is around or watching? Yes No N/A
- 11 Does the child prefer engaging in the challenging behavior over other types of leisure activities? Yes No N/A
- 12 Does the challenging behavior appear to provide some sort of "sensory stimulation"? Yes No N/A
- 13 Does the child usually engage in the challenging behavior more often when he or she is ill? Yes No N/A
- 14 Is the challenging behavior cyclical, occurring at high rates for several days and then stopping? Yes No N/A
- 15 Does the child have recurrent painful conditions such as ear infections, food allergies, or environmental allergies? Yes No N/A
- Describe: _____
- 16 If the child is experiencing physical problems, and these are treated, does the challenging behaviors usually go away? Yes No N/A

<u>Scoring Summary</u>					
<i>Items Circled "Yes"</i>				<i>Total</i>	<i>Potential Source of Reinforcement</i>
1	2	3	4	_____	* Social (attention/preferred items)
5	6	7	8	_____	* Social (escape)
9	10	11	12	_____	* Automatic (sensory stimulation)
13	14	15	16	_____	* Automatic (pain attention)