

## EVENTS AND FUNCTIONS ASSOCIATED WITH PROBLEM BEHAVIOR

Child Name: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Please check relevant items and make comments.

	<i><b>What happens just before the behavior</b></i>	<i><b>What do adults/peers do when problem behavior occurs?</b></i>	<i><b>Why might the child be doing this?</b></i>
Circle Time	<input type="checkbox"/> Told it is time to go to circle <input type="checkbox"/> Peer gets a turn or being told to wait for his/her turn <input type="checkbox"/> Another child gets attention <input type="checkbox"/> Provided with a difficult, age inappropriate , or non-preferred activity <input type="checkbox"/> Prompted to sit <input type="checkbox"/> Removed an object <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands to join the circle <input type="checkbox"/> Moves him/her next to teacher <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Tells child to return to his/her seat <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Puts in time out <input type="checkbox"/> Peers yell <input type="checkbox"/> Permits access to preferred activities or items <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wants to get out circle <input type="checkbox"/> Can't tolerate length or levels of circle <input type="checkbox"/> Wants attention of peers/adults <input type="checkbox"/> Doesn't know what to do <input type="checkbox"/> Wants toys or other activity <input type="checkbox"/> Other: _____
Art	<input type="checkbox"/> Told "no", "don't", or "stop" <input type="checkbox"/> Peer gets a turn <input type="checkbox"/> Left alone or another child gets attention <input type="checkbox"/> Provided with a difficult, age inappropriate , or non-preferred activity or material <input type="checkbox"/> Prompted to complete a task <input type="checkbox"/> Other : _____)	<input type="checkbox"/> Allows access to preferred items or activities <input type="checkbox"/> Tells child to return to his/her seat or chair <input type="checkbox"/> Moves to sit next to child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other : _____	<input type="checkbox"/> Might hate getting messy <input type="checkbox"/> Might not know what to do <input type="checkbox"/> Wants attention of teacher <input type="checkbox"/> Wants materials that another child is using <input type="checkbox"/> Might not like the feel of the materials <input type="checkbox"/> Other: _____
Computer	<input type="checkbox"/> Told "no", "don't", or "stop" <input type="checkbox"/> Peer gets a turn or told to wait for his turn <input type="checkbox"/> Left alone or teacher talks to another child <input type="checkbox"/> Provided with a difficult, age inappropriate , or non-preferred task <input type="checkbox"/> Prompted to sit <input type="checkbox"/> Told to complete a task <input type="checkbox"/> Other: _____	<input type="checkbox"/> Allows access to preferred items or activities <input type="checkbox"/> Tells child to return to his/her seat or chair <input type="checkbox"/> Moves to sit next to the child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other: _____	<input type="checkbox"/> Might want to have a turn but doesn't know when it's his/her turn <input type="checkbox"/> Doesn't like doing activities alone <input type="checkbox"/> Doesn't want to sit <input type="checkbox"/> Other : _____
Outside Play	<input type="checkbox"/> Told to go outside play <input type="checkbox"/> Peer pushes him or her <input type="checkbox"/> Frustration with a play equipment <input type="checkbox"/> Left alone <input type="checkbox"/> Told to "no", "don't", or "stop"	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Runs after him /her <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Peers yell or call for the teacher	<input type="checkbox"/> Hates being hot and wants to go inside <input type="checkbox"/> Loves running and thinks outside means run away <input type="checkbox"/> Wants an adult as a play partner <input type="checkbox"/> Wants peer attention <input type="checkbox"/> Wants objects/activity that

	<input type="checkbox"/> Removed an object	<input type="checkbox"/> Other : _____	another child is using <input type="checkbox"/> Other : _____
Line Up	<input type="checkbox"/> Told to wait for his/her turn <input type="checkbox"/> Told to line up or inputted during preferred activities <input type="checkbox"/> Another child is first in the line <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays demands <input type="checkbox"/> Allows access to preferred activities or objects <input type="checkbox"/> Allows to get in line first <input type="checkbox"/> Holds child's hands <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has difficulty with waiting for his/her turn <input type="checkbox"/> Might not want to leave activity <input type="checkbox"/> Doesn't understand where to go next <input type="checkbox"/> Might not know how to line up <input type="checkbox"/> Might want to be first <input type="checkbox"/> Might want adult/peer attention <input type="checkbox"/> Other: _____
Clean-Up	<input type="checkbox"/> Told to clean-up or put toys away <input type="checkbox"/> Told "No, Don't, or "Stop" <input type="checkbox"/> Removed from activity/area <input type="checkbox"/> Removed an object <input type="checkbox"/> Teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Allows access to preferred activities <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Hold or restrain the child until calm <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has not finished doing the activity <input type="checkbox"/> Might not have realized that clean-up time was coming up <input type="checkbox"/> Likes to dump <input type="checkbox"/> Might not want to clean-up <input type="checkbox"/> Might want adult/peer attention <input type="checkbox"/> Other : _____
Bathroom	<input type="checkbox"/> Told to go to the bathroom <input type="checkbox"/> Prompted to wash hands <input type="checkbox"/> Teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demands <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other : _____	<input type="checkbox"/> Doesn't want to go to bathroom <input type="checkbox"/> Wants attention and/or someone there <input type="checkbox"/> Doesn't want to wash hands <input type="checkbox"/> Other : _____
Centers/ Free Choice	<input type="checkbox"/> Told his or her turn is over <input type="checkbox"/> Told "no" or to play somewhere else <input type="checkbox"/> Peer takes toys from him/her <input type="checkbox"/> Frustration or failure on a task <input type="checkbox"/> Left alone or teacher helps another child <input type="checkbox"/> Other: _____	<input type="checkbox"/> Allows access to the center, activity, or object the child wanted <input type="checkbox"/> Helps the child with activity <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Puts in time out <input type="checkbox"/> Peers yell or call for the teacher <input type="checkbox"/> Other : _____	<input type="checkbox"/> Wants a different center or wants a center that is closed <input type="checkbox"/> Wants the same toy as another child <input type="checkbox"/> Doesn't know how to play with the items in the center <input type="checkbox"/> Wants adult or peer attention <input type="checkbox"/> Other : _____
Table Activities/ Small Group	<input type="checkbox"/> Frustration or failure on a activity <input type="checkbox"/> provided with a difficult, age inappropriate, or not preferred activity <input type="checkbox"/> Prompted to complete a task <input type="checkbox"/> Peer gets a turn <input type="checkbox"/> Teacher helps or interacts with another child <input type="checkbox"/> Other : _____	<input type="checkbox"/> Offers other activities <input type="checkbox"/> Delays demand <input type="checkbox"/> Told to join the group <input type="checkbox"/> Helps with the activity <input type="checkbox"/> Peer yells or calls for the teacher <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Other : _____	<input type="checkbox"/> Doesn't understand the activity <input type="checkbox"/> Wants attention from other children and/or an adult <input type="checkbox"/> Doesn't like the activity <input type="checkbox"/> Other: _____
Snack/Meals	<input type="checkbox"/> Provided with non-preferred food <input type="checkbox"/> Prompted to eat <input type="checkbox"/> Told to seat on his chair <input type="checkbox"/> Removed food or told to "no"	<input type="checkbox"/> Withdraws demand or offers other food <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Tells child to sit <input type="checkbox"/> Follows child to feed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Has restricted eating preferences <input type="checkbox"/> Doesn't like to sit to eat <input type="checkbox"/> Wants other's food <input type="checkbox"/> Other : _____
Nap	<input type="checkbox"/> Told it is time to take a nap or to get ready for nap <input type="checkbox"/> Prompted to find his bed <input type="checkbox"/> Peer gets help <input type="checkbox"/> Left alone <input type="checkbox"/> Told "no" or "stop"	<input type="checkbox"/> Delays or withdraws demand <input type="checkbox"/> Moves to sit next to the child <input type="checkbox"/> Reprimands or scolds <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other : _____	<input type="checkbox"/> Doesn't like to nap <input type="checkbox"/> Wants adult attention <input type="checkbox"/> Has a hard time settling down or soothing self to sleep <input type="checkbox"/> Other : _____

	<input type="checkbox"/> Other: _____		
Transitions	<input type="checkbox"/> Told to say “bye” to parent <input type="checkbox"/> Told to get ready for another activity <input type="checkbox"/> Prompted to go to another activity area <input type="checkbox"/> Left alone <input type="checkbox"/> Other: _____	<input type="checkbox"/> Delays or withdraws demand <input type="checkbox"/> Delays separation from parent <input type="checkbox"/> Peer yells <input type="checkbox"/> Offers of assistance <input type="checkbox"/> Other: _____	<input type="checkbox"/> Doesn't want to leave activity <input type="checkbox"/> Doesn't want to leave parent <input type="checkbox"/> Doesn't like or want to go to next activity <input type="checkbox"/> Doesn't understand where to go or what to do <input type="checkbox"/> Gets attention from peers/adults <input type="checkbox"/> Other: _____