

BEHAVIOURS OBSERVED CHECKLIST

Completed by (First and last name, and title): Click here to enter text.	Date Completed: Click here to enter text.
Worksite (School, room #): Click here to enter text.	Date of Incident: Click here to enter text.
Relationship to Workplace: Staff <input type="checkbox"/> Casual <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other <input type="checkbox"/>	Time of Incident: Click here to enter text.
DESCRIPTION OF BEHAVIOUR OBSERVED: Click here to enter text.	INTERVENTION/STUDENT SAFETY PLAN: Click here to enter text.

BEHAVIOUR OBSERVED	YES/NO	DESCRIPTORS <i>(exactly what you see, hear)</i>	PHYSICAL TRIGGERS	TRIGGERS
VERBALLY THREATENING	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verbal outburst (raised voice, yelling/shouting, crying, screaming, using profanity, insults) as an attempt to intimidate or threaten another person is often a precursor to physical violence.	PHYSICAL TRIGGERS	<input type="checkbox"/> Staff instruction <input type="checkbox"/> Eye contact <input type="checkbox"/> Told “No” <input type="checkbox"/> Unfulfilled request <input type="checkbox"/> Gesture(s) <input type="checkbox"/> Prompted <input type="checkbox"/> Being touched <input type="checkbox"/> Being tired <input type="checkbox"/> Having to wait <input type="checkbox"/> Hunger <input type="checkbox"/> Pain <input type="checkbox"/> Physical force <input type="checkbox"/> Personal space violated <input type="checkbox"/> Self-stimming <input type="checkbox"/> Other: Click here to enter text.
PHYSICALLY THREATENING	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically intimidating behaviour causing the recipient to perceive a threat to their physical safety (raising of arm/leg, aggressive-posture, making or shaking a fist, carrying or brandishing a weapon).		
ATTACKING PEOPLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise of physical force against another person including but not limited to hitting, kicking, pushing, lunging, bumping, shoving, slapping, punching, pinching, grabbing, biting, spitting, etc. May involve the use of an object to injure the person(s) being attacked.		
ATTACKING OBJECTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	An attack directed only at an object and NOT at an individual e.g. the indiscriminate throwing or tossing of an object, banging or smashing windows, kicking, banging, head banging, smashing of furniture to taking others’ property.	ENVIRONMENTAL TRIGGERS	<input type="checkbox"/> Being Isolated <input type="checkbox"/> Being restrained <input type="checkbox"/> Withdrawal from room <input type="checkbox"/> Lighting <input type="checkbox"/> Privacy <input type="checkbox"/> Layout <input type="checkbox"/> Male staff <input type="checkbox"/> Female staff <input type="checkbox"/> Loud noises, yelling
CONFUSION	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disoriented – may be unaware of time, place, or person, altered cognitive state (change from normal behaviour caused by medical condition).		
IRRITABILITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	Easily annoyed or angered. Unable to tolerate the presence of others. Unable to follow instruction(s) at these times. Strong reaction to instructions.		

BOISTEROUS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Making overtly loud noise whether aware or not, e.g. raising of voice, slams doors, shouts out when talking, etc.		<input type="checkbox"/> Alarming noise <input type="checkbox"/> Timer set, Beeped <input type="checkbox"/> Temperature <input type="checkbox"/> Time of day <input type="checkbox"/> Visitors, Contractors <input type="checkbox"/> Other: Click here to enter text.
AGITATED/IMPULSIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unable to remain composed. Very strong emotional reaction to real and imagined disappointments. Feels or appears troubled, nervous or upset. Is spontaneous, haste, emotions, dissatisfied with wait-times.		
SUSPICIOUS/PARANOID	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exhibiting anxiousness, overly suspicious or mistrustful actions.	ACTIVITY TRIGGERS	<input type="checkbox"/> Task demand by staff <input type="checkbox"/> Off task <input type="checkbox"/> Waiting: sitting or standing <input type="checkbox"/> Specific Class <input type="checkbox"/> Specific Subject <input type="checkbox"/> Visitors <input type="checkbox"/> Toileting <input type="checkbox"/> Resistance to care <input type="checkbox"/> Meal times/feeding <input type="checkbox"/> Other: Click here to enter text.
INAPPROPRIATE/DISRUPTIVE BEHAVIOUR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate touching of self or others, self-injurious, running out of building		
WITHDRAWAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unpredictable, unstable, erratic and impulsive behaviours. Withdrawal could result in a heightened anxious state and strong urges to use resulting in unpredictable behaviours.	TRANSITION TRIGGERS	<input type="checkbox"/> One activity to another <input type="checkbox"/> One room to another <input type="checkbox"/> One staff member to another staff member <input type="checkbox"/> One vehicle to set location, or reverse <input type="checkbox"/> Quiet sedentary to loud physical <input type="checkbox"/> Loud physical to quiet sedentary <input type="checkbox"/> Pleasurable activity to non-pleasing required activity <input type="checkbox"/> Other: Click here to enter text.

PERSON DEMONSTRATED RISKY BEHAVIOURS AND/OR INVOLVED WITH PREVIOUS INCIDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	SCHOOL RESPONSE TO BEHAVIOUR: <input type="checkbox"/> Program review/Re-instruction (debriefing) <input type="checkbox"/> Student Safety Plan/Behaviour Plan <input type="checkbox"/> Contact Student Services <input type="checkbox"/> Training of staff (specify) Click here to enter text. <input type="checkbox"/> Personal Protective Equipment (PPE) worn <input type="checkbox"/> PPE required Click here to enter text. <input type="checkbox"/> Other: Click here to enter text.	LEVEL OF WORKPLACE VIOLENCE TRAINING RECEIVED: <input type="checkbox"/> None <input type="checkbox"/> Awareness <input type="checkbox"/> Behaviour Management Systems (BMS) <input type="checkbox"/> Nonviolent Crisis Intervention (NCI) <input type="checkbox"/> Applied Behavioural Analysis (ABA) <input type="checkbox"/> Intensive Behavioural Intervention (IBI) <input type="checkbox"/> Safe Management Group (SMG) <input type="checkbox"/> Other: Click here to enter text.
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Staff member signature: Click here to enter text.	Date: Click here to enter text.
Supervisor signature: Click here to enter text.	Date: Click here to enter text.

***When paper copy completed, forward to Supervisor and retain a copy for the "IN THE OFFICE" folder*