BEHAVIORAL DATA COLLECTION SHEET

This sheet is intended to be used by caregivers to document a child's behavior that is of concern to them. The behavior may warrant evaluation by a health care provider, discussion with parents, and/or consultation with other professionals.

Child's name: ________________________________ Date: ____________________

1. Describe behavior observed: (See below for some descriptions.)
   ________________________________________________________________

2. Behavior noted from: ____________ to ______________
   (time) (time)

3. During that time, how often did the child engage in the behavior? (e.g. once, 2-5 times, 6-10 times, 11-25 times, >25 times, >100 times) ______________________________________________

4. What activity(ies) was the child involved in when the behavior occurred? (e.g. was the child involved in a task? Was the child alone? Had the child been denied access to a special toy, food, or activity?) __________________________________

5. Where did the behavior occur? ________________________________________________________________

6. Who was around the child when the behavior began? List staff, children, parents, others.
   __________________________________________________________

7. Did the behavior seem to occur for no reason? Did it seem affected by changes in the environment?
   __________________________________________________________

8. Did the child sustain any self-injury? Describe. ____________________________________________________

9. Did the child cause property damage or injury to others? Describe. ________________________________

10. How did caregiver respond to the child's behavior? If others were involved, how did they respond?
    __________________________________________________________

11. What did the child do after caregiver's response? ________________________________________________

12. Have parents reported any unusual situation or experience the child had since attending child care?

Child Care Facility Name: __________________________________________

Name of Caregiver (completing this form): __________________________

Behaviors can include:
- repetitive, self-stimulating acts
- self-injurious behavior (SIB) such as head banging, self-biting, eye-poking, pica (eating non-food items), pulling out own hair
- aggression / injury to others
- disruption such as throwing things, banging on walls, stripping
- agitation such as screaming, pacing, hyperventilating
- refusing to eat / speak; acting detached / withdrawn
- others

Check a child's developmental stage before labeling a behavior a problem. For example, it is not unusual for a 12 month old to eat non-food items, nor is it unusual for an 18 month old to throw things. Also, note how regularly the child exhibits the behavior. An isolated behavior is usually not a problem.