

Behavior Identification Guide

Please complete this form with all service providers (TCM, Day, Residential, or SHC) on individuals who have daily or frequent behaviors in any of the categories above. Complete this form annually and submit along with BASIS behavior data for Annual BASIS. List examples of how the behaviors are specific to that individual and verify the Person Centered Support Plan and Behavior Support Plan (if applicable) identify these behavioral problems as well.

Name:

DOB:

<p>Tantrums/Emotional Outbursts- Screaming, yelling, crying, cussing, banging head, hitting walls, doors, windows, other objects, and throwing self on floor.</p>	
<p>Property Damage- Deliberately breaking, defacing or destroying things by hitting, tearing, cutting, throwing, burning, marking, or scratching.</p>	
<p>Physical Assault- Intentionally causing physical pain to others by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object.</p>	
<p>Disruption- Interfering significantly with activities of others by clinging, pestering, interrupting, yelling, screaming, or cussing.</p>	
<p>Verbal or Gestural Abuse- Swearing verbal threats, name-calling, obscene gestures, or gestures that indicate aggressive intent or threat.</p>	
<p>Self-Injury- Causing injury to self when skin is broken by cutting, hitting self, banging head, scratching, puncturing, biting, rubbing skin, calluses from injury, pinching or pulling hair out. Does not include smoking, biting finger nails*unless they bleed or are eating unhealthy food.</p>	
<p>Teasing or Harassing- Any behavior performed deliberately to annoy others.</p>	

Resisting Supervision- Non-Compliant behavior, refusal to follow instructions. Includes a person who is diabetic and refuses to eat healthy food.	
Running/Wandering Away- Leaving a program area, group activity or living area, which requests additional staffing due to risk of placing self or others in harm. Only count requiring intervention of this nature.	
Steals- Deliberately taking belonging, including food of another.	
Eat Inedible Objects- Ingesting (swallowing) items other than food or medicine. Does include raw foods, frozen foods, and food out of trash can. Does not include chewing on pencils, or chewing off fingernails. The person must chew and swallow non-digestible items	
Inappropriate Sexual Behavior- Any type of sexual behavior that is performed in public or without consent of others. Public masturbation, public undressing, inappropriate sexual touching of self or others, making sexual remarks or gestures, forcing sexual attention on other, voyeurism.	
Smears Feces- Deliberately handling, throwing or spreading feces.	
Other	

My signature below states I participated in developing this Behavior Identification Guide and I agree there is a high frequency of the behaviors identified specific to this individual.

Person Served: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Case Manager: _____ Date: _____

Day Provider: _____ Date: _____

Residential Provider: _____ Date: _____

SHC Provider: _____ Date: _____

Other: _____ Date: _____