

State of Montana
Developmental Disabilities Program
Behavioral Information

Do not alter this form

NAME: _____ DATE: _____

*This form is required if behaviors are noted in social history,
may substitute Individual Behavioral Assessment (Appendix N)*

Please enclose a copy of written plan(s) to reduce problem behaviors.

1. Running Away/Wandering Away (Leaves supervised area without staff knowledge, and the absence of supervision is cause for concern:

a. If yes, describe the PRIMARY PROBLEMS:

If none, mark "Never" for frequency and "Not Serious" for severity

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|--|--|
| <input type="checkbox"/> Never
<input type="checkbox"/> Less than once a month
<input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One to 6 times a week
<input type="checkbox"/> One to 10 times a day
<input type="checkbox"/> One or more times an hour |
|--|--|

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|---|
| <input type="checkbox"/> Not serious; not a problem
<input type="checkbox"/> Slightly serious; a mild problem
<input type="checkbox"/> Moderately serious; a moderate problem | <input type="checkbox"/> Very serious; a severe problem
<input type="checkbox"/> Extremely serious, a critical problem |
|---|---|

2. Inappropriate Sexual Behavior (Behavior of a sexual nature which is illegal or offensive to others--for example, masturbation or intimacy in public, sexual aggression, or sexual predation.)

a. If yes, describe the PRIMARY PROBLEMS:

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If none, mark "Never" for frequency and "Not Serious" for severity

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> One to 6 times a week |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> One to 10 times a day |
| <input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One or more times an hour |

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Not serious; not a problem | <input type="checkbox"/> Very serious; a severe problem |
| <input type="checkbox"/> Slightly serious; a mild problem | <input type="checkbox"/> Extremely serious, a critical problem |
| <input type="checkbox"/> Moderately serious; a moderate problem | |

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3 Hurtful to self (injures own body--for example, hitting self, banging head, scratching, cutting or puncturing, biting, pulling out hair)

a. If yes, describe the PRIMARY PROBLEMS:

If none, mark "Never" for frequency and "Not Serious" for severity

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> One to 6 times a week |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> One to 10 times a day |
| <input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One or more times an hour |

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Not serious; not a problem | <input type="checkbox"/> Very serious; a severe problem |
| <input type="checkbox"/> Slightly serious; a mild problem | <input type="checkbox"/> Extremely serious, a critical problem |
| <input type="checkbox"/> Moderately serious; a moderate problem | |

4 Hurtful to others (causes physical pain to other people or to animals--for example, hitting, kicking, biting, pinching, scratching, pulling hair, striking with object.)

a. If yes, describe the PRIMARY PROBLEMS:

If none, mark "Never" for frequency and "Not Serious" for severity

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b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> One to 6 times a week |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> One to 10 times a day |
| <input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One or more times an hour |

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Not serious; not a problem | <input type="checkbox"/> Very serious; a severe problem |
| <input type="checkbox"/> Slightly serious; a mild problem | <input type="checkbox"/> Extremely serious, a critical problem |
| <input type="checkbox"/> Moderately serious; a moderate problem | |

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5 Destruction to Property (deliberately breaks, destroys things--for example, hitting, tearing or cutting, throwing, burning, marking or scratching things.)

a. If yes, describe the PRIMARY PROBLEMS:

If none, mark "Never" for frequency and "Not Serious" for severity

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> One to 6 times a week |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> One to 10 times a day |
| <input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One or more times an hour |

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Not serious; not a problem | <input type="checkbox"/> Very serious; a severe problem |
| <input type="checkbox"/> Slightly serious; a mild problem | <input type="checkbox"/> Extremely serious, a critical problem |
| <input type="checkbox"/> Moderately serious; a moderate problem | |

6 Assistance needed to deal with individual's most serious problem behavior when it occurs: *(Mark one)*

- Individual does not have any serious problem behaviors
- One person can handle all problem behaviors that occur
- One person can handle most occurrences
- Two persons are often necessary to handle problem behaviors

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Two or more people are always necessary

Describe this behavior: _____

7 Extent of injury to self or others caused by individual's behavior: *(Mark one)*

.

Not applicable - no problem behaviors

Medical attention is not required

Medical attention has been required within last 12 months

Hospitalization has been required within last 12 months

8 Current written plan to decrease problem behaviors: *(Mark one)*

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Not applicable - no problem behaviors

No written plan, but individual has some problem behaviors

Individual has a written plan to reduce problem behaviors

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9 Past written plans to decrease problem behaviors: *(Mark one)*

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- Never has been applicable - no problem behaviors
- There has never been a written plan
- Individual has had previous written plans

10. Other (Any problem behavior that is not included in the preceding items.)

a. If yes, describe the PRIMARY PROBLEMS:

If none, mark "Never" for frequency and "Not Serious" for severity

b. FREQUENCY: *How often does this behavior usually occur? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> One to 6 times a week |
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> One to 10 times a day |
| <input type="checkbox"/> One to 3 times a month | <input type="checkbox"/> One or more times an hour |

c. SEVERITY: *How serious is the problem usually caused by this behavior? (Mark one)*

- | | |
|---|--|
| <input type="checkbox"/> Not serious; not a problem | <input type="checkbox"/> Very serious; a severe problem |
| <input type="checkbox"/> Slightly serious; a mild problem | <input type="checkbox"/> Extremely serious, a critical problem |
| <input type="checkbox"/> Moderately serious; a moderate problem | |

11. Response to Problem Behaviors in any of the above Categories

How do you or other people usually respond when the client exhibits problem behaviors? (Mark one)

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- Do nothing, or offer comfort
- Ask client to stop, reason with him or her
- Purposely ignore, reward other behavior
- Ask client to amend or correct the situation
- Structure or restructure surroundings, remove material
- Ask client to leave room, sit elsewhere (time out)
- Take away privileges from client
- Physically redirect, remove or restrain client
- Get help (two or more people needed to control client)
- Other: _____

Comments: _____