

Data Collection Form: Instructions for Use

1. Use this form as directed by the Team for low-incidence behavior.
2. For higher incidence behavior, the Team can decide how often to use this form.
3. Prioritize! Address the most serious or dangerous behavior first. Focus team energy on the *elimination of dangerous behavior* for this individual.
4. If a target problematic behavior occurs, keep everyone safe. Use the planned Reactive Strategy. After everyone is calm and safe, fill in this form.
5. Select the problem behavior of interest and fill it in at the top of the page
6. Fill in as many fields as possible. If you cannot remember, ask someone else who was there or review available video tape.
7. Use the information on the second page to help teams discuss what families and staff can change about themselves, what they do, and their styles of interaction to support the individual and decrease the incidence of problematic or dangerous behavior.
8. When you fill in the form, do not try to judge if any element *caused* the behavior. Simply objectively record as much information as you can.
9. After you have filled in several forms from several incidents, analyze the data you have collected, looking for *patterns and trends*. For example, does the behavior of interest occur more often at a particular time? Day of the week? In a certain environment? Before or after eating?

If you see any pattern, begin to analyze the pattern to see if there could be something causing the behavior. Create “hypotheses” or guesses as to what could be contributing to the behavioral issue. Then find ways to “test” your guesses by making changes on behalf of the person. For example, if the behavior always occurs more than two hours after eating, start to give the person a small snack every two hours. Continue to take data to see if the behavior occurs less often or with less intensity if the person eats more frequently.

DATA COLLECTION PAGE

Individual's name: _____

Description of Behavior of Interest: _____

(See operational definitions in behavior plan)

Place: _____ Day: _____ Date: _____ Time: _____

Activity: _____

Lighting: Fluorescent Bulb Daylight

Last time: Eaten Drank _____ Had a

BM _____

Typical Sound Level? Yes No Specific Sounds: _____

of Persons in Room: Staff _ Others

Proximity: of others : _____

(# of inches/feet away from the individual)

Did someone touch him/her or did s/he touch someone prior to the behavior occurring? If yes, describe: _____

Request made by the individual? (verbally or non-verbally)? If so, what?

Activity: Start _____ Middle _____ End _____ Changing _____

Staff changing shifts or staff? Yes _____ No _____

Possible communicative function: (Indicate on grid on back of this page.)

Anything else happening just **before** the behavior of interest?

After? _____

Today's weather is

Health/Physical issues:

Any changes in normal routine/schedule:

What were the last three things the person **did** before the problem behavior occurred?

- 1.
- 2.
- 3.

Subjective Impressions

What can the team learn from what happened?

What did you learn about the person?

Is there anything you/we might do differently because of this experience?

Anything else to add?

Name of person completing this

form _____

Signature _____

Time and date:
