

## BEHAVIOURS OBSERVED CHECKLIST

Completed by (First and last name, and title):			Date Completed:	
Worksite (Department, location, room #):			Date of Incident:	
Relationship to Workplace: Staff <input type="checkbox"/> Occasional Staff <input type="checkbox"/> Other <input type="checkbox"/>			Time of Incident:	
BEHAVIOUR OBSERVED	YES/NO	DESCRIPTORS <i>(exactly what you see, hear)</i>	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: _____
	<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).		
	<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, hitting, 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/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 <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: _____
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	Unaware of making overtly loud noise, e.g. raising of voice, slams doors, shouts out when talking, etc.		
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"/> Physical education <input type="checkbox"/> Visitors <input type="checkbox"/> Toileting <input type="checkbox"/> Resistance to care <input type="checkbox"/> Meal times/feeding <input type="checkbox"/> Other: _____
INAPPROPRIATE/ DISRUPTIVE BEHAVIOUR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inappropriate touching of self or others, self-injurious, running out of building		TRANSITION TRIGGERS
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.		

<b>DESCRIPTION OF BEHAVIOUR OBSERVED:</b>	<b>INTERVENTION/STUDENT SAFETY PLAN:</b>

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) _____ <input type="checkbox"/> Personal Protective Equipment (PPE) worn <input type="checkbox"/> PPE required: _____ <input type="checkbox"/> Other: _____	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: _____
Staff member signature:		Date:
Supervisor signature:		Date:

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