

Checklist for Identifying the Context for Problem Behavior

Name of Individual: *Jack*

Problem Behavior: *Physical aggression (pulling hair, pinching)*

Medical, Physical or Emotional Factors

Are there possible medical, physical or emotional factors that may “set the stage” for the aggressive behavior to occur? Please check off all that apply (leave blank if not applicable).

	Yes
Illness	<input checked="" type="checkbox"/>
Pain or discomfort	<input type="checkbox"/>
Seizures	<input type="checkbox"/>
Hunger	<input checked="" type="checkbox"/>
Thirst	<input type="checkbox"/>
Fatigue	<input checked="" type="checkbox"/>
Change in medication	<input type="checkbox"/>
Change in diet	<input type="checkbox"/>
Angry/Bad mood	<input checked="" type="checkbox"/>
Sad/Unhappy mood	<input type="checkbox"/>
Unusually happy mood	<input type="checkbox"/>

Specific people

Is the aggressive behavior very likely to occur when certain people are present? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Family member (specify): <i>parents</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School staff (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Support worker (specify): <i>Karen and Joan</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peer (specify):	<input type="checkbox"/>	<input type="checkbox"/>
New person (specify): <i>unfamiliar support staff</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

What people are doing

Is the aggressive behavior very likely to occur when people are doing certain things? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Talking to the individual with AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Paying attention to someone else	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing close to/touching the individual with AS	<input type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to do something he/she dislikes (specify): <i>fine motor activities like puzzles</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to stop doing something he/she likes (specify): <i>watching videos</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS that something he/she likes is not available or is finished (specify): <i>videos; seeing others eating food he is not supposed to eat</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Telling individual with AS to wait for an activity or person (specify): <i>waiting for lunch</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other people are yelling or getting upset around the individual with AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Specific Routines

Is the aggressive behavior is very likely to occur during specific routines? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Mealtime: <i>waiting for meals; seeing others eat food he is not supposed to eat</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care: <i>changing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leaving for or returning from school/work/recreational program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Starting</u> or ending school/work/ <u>recreational</u> program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bedtime	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other routine (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Specific Events and Activities

Is the aggressive behavior is very likely to occur during specific events and activities? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Watching television or video	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Listening to music	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Playing on computer	<input type="checkbox"/>	<input type="checkbox"/>

Playing games	<input type="checkbox"/>	<input type="checkbox"/>
Doing crafts <i>puzzles</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Looking at photos or books: <i>photos</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
When there is nothing to do	<input type="checkbox"/>	<input type="checkbox"/>
Car/bus/van rides	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking/riding in wheelchair: <i>walking long distances</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When being taught something new (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other activities and events (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Days of Week

Are there days of the week when the aggressive behavior is very likely to occur? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Monday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Friday	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sunday	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Times of Day

Are there times of the day when the aggressive behavior is very likely to occur? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Morning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input checked="" type="checkbox"/>
During the night	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other time (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Conditions

Is the aggressive behavior very likely to occur under specific environmental conditions? Not likely to occur? Please check off all that apply (leave blank if not applicable).

	Very Likely	Not Likely
Too noisy/quiet	<input type="checkbox"/>	<input type="checkbox"/>
Too <u>hot</u> /cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Too bright/dark	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Too stimulating/ <u>not stimulating enough</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Too crowded	<input type="checkbox"/>	<input type="checkbox"/>
Specific odors or scents	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

Warning signs the problem behavior may occur

Are there certain things the individual with AS does just before the aggressive behavior occurs? Please check off all that apply (leave blank if not applicable).

	Increase	Decrease
Vocalizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laughter	<input type="checkbox"/>	<input type="checkbox"/>
Looking at people	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Looking at objects	<input type="checkbox"/>	<input type="checkbox"/>
Physical contact with people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical contact with objects	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <i>angry look on face; may cover face with hands</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What happens after the problem behavior occurs

What typically happens after the individual behaves aggressively? Please check off all that apply (leave blank if not applicable).

	Yes
Ignored or left alone	<input type="checkbox"/>
Spoken to by adult	<input type="checkbox"/>
Given what he/she seems to want	<input checked="" type="checkbox"/>
Item that he/she seems to want is taken away	<input type="checkbox"/>
Permitted to continue activity	<input checked="" type="checkbox"/>
Activity is stopped or changed	<input checked="" type="checkbox"/>
Given assistance	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Reason for the problem behavior

What possible message(s) do you think the individual is trying to communicate through his or her aggressive behavior? Please check off all that apply (leave blank if not applicable).

	Yes
Pay attention to me	<input type="checkbox"/>
I want something	<input checked="" type="checkbox"/>
I don't want to stop/change what I am doing	<input checked="" type="checkbox"/>
I don't want/like something	<input checked="" type="checkbox"/>
I want you to stop something/take away something	<input type="checkbox"/>