|  |  |  |  |
| --- | --- | --- | --- |
| **Consumer’s**  **Name:** |  | **Report**  **Date:** |  |
| Reporter’s Name: | | | |
| Department: | | | |

**Instructions for routing:** Report should be routed first to the Reporter’s Coordinator/Supervisor who will then route it to the Case Manager. If outside Case Manager is a factor then the Coordinator/Supervisor will scan/fax the report to the outside Case Manager before filling in names below and routing in-house.

Scanned/faxed on what date and to whom?

Case Managers are to indicate to the left of the Coordinator Job Titles below, the names of all of the pertinent Coordinators involved on the Consumer’s team who should see the report. All signers should route thoughtfully, in order of descending importance/involvement. Management Team members listed below must read and sign every incident report.

**Note:** For incidents involving injury, fall, choking, seizure or skin irregularities, use the event-specific form (i.e., not this form) and follow the instructions on the event-specific form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Team Member Name: | Reviewed By: | Signature: | Date: | Direct Feedback Given? | |
| Yes | No |
|  | SupServ Coord |  |  |  |  |
|  | JobLink Coord |  |  |  |  |
|  | RET Coord |  |  |  |  |
|  | WES Coord |  |  |  |  |
|  | Sr WS Coord |  |  |  |  |
|  | WS Coord |  |  |  |  |
|  | Residential Coord |  |  |  |  |
|  | Nurse, if applicable |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Management Team: | Signature: | Date: | Direct Feedback Given? | | |
| Yes | No | |
| Administrator of Services |  |  |  | |  |
| JobLink Director |  |  |  | |  |
| Residential Director |  |  |  | |  |
| Support Services Director |  |  |  | |  |
| Life Enrichment Director |  |  |  | |  |
| Work Services Director |  |  |  | |  |
| CFO |  |  |  | |  |
| CEO |  |  |  | |  |

**Return completed form to Case Manager for filing.**

**ABC Incident Reporting – Antecedents, Behavior, Consequences**

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| --- | --- | --- |
| **Instructions for completing form:**   * Type or print legibly in black or blue pen. **Complete all sections.** Mark section NA if not applicable. * No white-out is to be used and errors should have **one** line drawn through and initialed. * Do not mention **any other** consumer’s name – refer to them as housemate, friend, or use initials. * Use “I” (first person language). Refer to other staff by their name or title. * All documentation should be objective and use ‘Person First’ respectful language. * Complete form and route it within 24 hours of the event. * Do not assume that your co-workers will see this report. Follow departmental procedure to inform co-workers. | | |
| **Antecedent**  “Everything happening before” | Date and Time: | |
| Activity / Location: | |
| Antecedents / Setting Events (check all that apply): | | |
| Holiday  Bad weather  Denied a desired item/activity/ told no  Denied interaction with a desired individual  Behavior of peers  Power outage  Required to wait  Activities cancelled  Anticipating future events | | Unfamiliar people in environment  Illness  Substitute staff  Directed to complete a task  Reminded of restriction  Anniversary of significant event  Over-stimulated  Unsolicited interference/help from peer  Being rushed  Routine disruption |
| Describe items checked above: | | |

|  |  |
| --- | --- |
| **Behavior**  “What was done, said, etc.” | What happened? |
| To whom or to what was it directed? | |
| Where specifically did it occur? | |
| How many times did it occur? | |
| How long did it last? | |
| How intense was the event on a scale of 1 – 5 (5 being the most intense)? | |

|  |  |
| --- | --- |
| **Consequence**  “ Everything happening afterwards” | Who responded and how? (Staff, individuals, family, peers) |
| What was said by those present? | |
| What nonverbal behavior and body language was evident? | |
| How did the individual respond? | |
| Did the event change any scheduled activities? | |
| Was the person changed physically, e.g. were they tired or excited? | |

|  |  |  |
| --- | --- | --- |
| What do you think was the function of the behavior? Check all that apply. | | |
| Attention  The behavior function to get the individual more attention – positive or negative. | Tangible Items  The behavior indicates a desire for some tangible item like food, a drink or object. | Escape  The behavior allows the individual to get out of a demand situation like work. |
| Sensory Stimulation  The behavior serves to either increase or decrease sensory stimulation; perhaps by masking an unpleasant sensation. | Autonomy  The behavior is an expression of independence and an attempt at influence. | Other  (You must identify Function) |

Was the Behavior Management Plan followed? Yes  No  N/A

Do you need your supervisor’s help in following up with this? Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Reporter’s**  **Signature:** |  | **Date:** |  |