

RAINBOWS

UNITED, INC.

bringing potential to life

BASIS Behavior Data

Person Served _____ **Month** _____ **Year 2010/2011**

Document behavior observed (according to description below) with "X" on the day of the month on which the behavior occurs.

Mark N/A on days when no behaviors occur. Only one mark is given per day.

Family Support Provider will turn in each sheet for the appropriate pay period with the time sheets for the pay period.

BEHAVIOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tantrum/Emotional Outbursts																															
Property Damage																															
Physical Assaults																															
Disrupting Others' Activities																															
Verbal or Gestural Abuse																															
Self-Injurious Behavior																															
Teases/Harasses Peers																															
Resists Supervision																															
Run or Wander Away																															
Steals																															
Eats Inedible Objects																															
Sexually Inappropriate Behavior																															
Smears Feces																															

ALL OF THE BEHAVIORS BELOW MUST BE CONSIDERED TO BE "BEYOND SOCIALLY ACCEPTABLE" TO BE DOCUMENTED ABOVE

Tantrum/Emotional outbursts: a combination of two or more of the following: screaming, crying, swearing, banging on walls, doors, windows, other objects, or throwing self on floor.

Damaging Property: deliberately breaking, defacing or destroying things by hitting, tearing or cutting, throwing, burning, marking or scratching

Physical assaults: causes physical pain to other people or to animals by hitting, kicking, biting, pinching, scratching, pulling hair or striking with object

Disrupting others' activities: interfering significantly with the activities of others by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming

Verbal or gestural abuse: swearing, verbal threats, name calling, obscene gestures, gestures that indicate aggressive intent or threat

Self Injurious behavior: causing injury to own body by hitting self, banging head, scratching, cutting or puncturing, biting, rubbing skin, pulling out hair, picking on skin, biting nails or pinching

Teases/harasses peers: any behavior performed deliberately to annoy another person

Resists supervision: non-compliant behavior, refusing to follow instruction

Runs or wanders away: repeated, deliberately and/or inadvertently leaving program area, group activity or living area and requires staff support to ensure the persons health and safety.

Steals: deliberately taking belongings, including food, of another

Eats inedible objects: putting objects, other than food or medicine, into the mouth and swallowing

Sexually inappropriate behavior: public masturbation, public undressing, inappropriate touching self or others, making sexual remarks or gestures, forcing sexual attentions on others or voyeurism

Smears feces: deliberately handling, throwing or spreading feces

Provider Signature _____

Questions? Contact Adena McCowan at (316) 684-7060 ext. 106 or your TCM.