

**CDDO of SEK
Behavior Tracking Log**

Revised 12/2023
Version 4

Person being served: _____ Month: _____ Provider: _____

	Circle Service:																															Day	Residential	PCS	
	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:																																			Combination of 2 or more: screaming, crying, swearing, banging on walls/doors/etc., throwing self on floor.
Damages Own or Others' Property																																			Deliberately breaking/destroying things by tearing, cutting, burning, marking, throwing.
Physically Assaults Others																																			Causing physical pain to others by biting, hitting, kicking, pulling hair, or pinching.
Disrupts Others' Activities																																			Clinging, pestering, teasing, arguing, complaining, picking fights, interrupting.
Verbally or Gesturally Abusive																																			Swears, verbal threats, name calling, obscene gestures, aggressive intent.
Self Injurious																																			Causing injury to self by hitting, pinching, rubbing skin, scratching, cutting, biting.
Teases or Harasses																																			Any behavior performed deliberately to annoy another person.
Resists Supervision																																			Non-compliance, refuses to follow instructions.
Runs or Wanders Away																																			Repeatedly and inadvertently leaves program area, or home requiring staff support.
Steals																																			Deliberately takes belongings including food from others.
Eats Inedible Objects																																			Puts objects other than food or medicine in the mouth and ingests them.
Sexually Inappropriate																																			Public masturbation, undressing, inappropriate touching, sexual remarks.
Smears Feces																																			Deliberately handles, throws, or spreads feces.
Physical Intervention																																			Staff are required to physically intervene during a behavior
STAFF INITIALS																																			

Make an X in the appropriate row for each day the behavior(s) occur.

This data will serve as documentation for the BASIS.

Staff Signature: _____ Date: _____ Staff Signature: _____ Date: _____
 Staff Signature: _____ Date: _____ Staff Signature: _____ Date: _____
 Staff Signature: _____ Date: _____ Staff Signature: _____ Date: _____