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Make a mark in the appropriate column for each day the behavior occurred.

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Make a mark in the appropriate column for each day the behavior occurred.

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Make a mark in the appropriate column for each day the behavior occurred.

Person being served:		Year(s):	Provider:
Smears Feces: Frequency:	Definitions of Be	ehaviors to be Documented	for the BASIS Re-evaluation
Jan. Feb. Mar. Apr. Jun. Jul. Aug. Sept.	Tantrums/Emotional Outburs banging on walls, doors, windo	sts: A combination of 2 or more of the ws, other objects, throwing self on floo	following behaviors: screaming, crying, swearing, or.
	<u>Damages Property</u> : Deliberate marking, or scratching.	ely breaks, defaces or destroys things	by hitting, tearing, cutting, throwing, burning,
	Physically Assaults Others: scratching, pulling hair, or strik		or to animals by hitting, kicking, biting, pinching,
		nterfering significantly with activities of ghing or crying without reason, interru	others by clinging, pestering, teasing, arguing, oting, yelling, or screaming.
	Verbally/Gesturally Abusive: aggressive intent or threat.	Swears, makes verbal threats, name-	calling, obscene gestures, gestures that indicate
	Self Injurious: Causes injury skin, pulling out hair, picking or		ad; scratching, cutting, puncturing, biting rubbing
	Teases/Harasses Peers: Any	behavior preformed deliberately to an	noy another person.
	Resists Supervision: Non-co	mpliant behavior, refuses to follow inst	ructions.
		tedly and deliberately or inadvertently	
	Steals: Deliberately takes below	ongings, including food.	
	Eats Inedible Objects: Puts of	objects other than food or medicine into	o the mouth and ingesting them.
		ate Behavior: Includes public masturlemarks, or gestures, forcing sexual atte	bation, public undressing, inappropriate touching centions on others or voyeurism.
	Smears Feces: Deliberately h	andles, throws or spreads feces.	
By signing you agree that	· -		Date:
provided above is accur best of your knowle			Date: