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Client name	D.O.B.
Click here to enter text.	enter text
Click here to enter text.	enter text
Click here to enter text.	enter text

Entry date	Click here to enter a date.	Hierarchy	Click here to enter text.
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Instructions
<p>Please note:</p> <ul style="list-style-type: none"> The behaviour log is broken up into several sections for data capture – health/personal care, emotional issues, social interactions and engagement, and self-management; This data will be captured in various graphs/reports to demonstrate the progress of the young person; Ensure that you record the presence of any observed behaviour by checking the “yes” box; and Any context or additional notes can be recorded within the Shift Log – Behavioural/Emotional Issues notes.

Contributing health factors			
General illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstruation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight (entered once a month)			

Health/personal care	
Alcohol/substance/solvent use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Binging/purging/refusal to eat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulties with/refusal to maintain personal self-care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sleep problems/chronic fatigue/bed wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somatising	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emotional issues	
Abnormal perceptions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty self-regulating emotions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distortion/memory loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distress/worrying/crying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odd and/or bizarre behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-criticism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-injury (evidence of)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-injury (thoughts of)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval Date	16 May 2022	Implementation Date	17 May 2022	Review Date	01 Jul 2024
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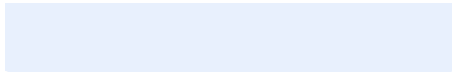
Emotional issues	
Signs of/disclosures of hearing voices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social interactions	
Antisocial behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulties with/refusal to engage in learning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impulsive behaviour targeting property or others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indiscriminate disclosures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mimicking others behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with peers/staff/family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexualised behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active listening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being respectful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conflict management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooperation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective communication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Helping others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased acceptance/tolerance of diverse groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer resistance skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Politeness and manners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Positive interactions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Praising others/refraining from negative comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognising/understanding others points of view	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social problem solving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking turns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Engagement and self-management	
Difficulties with/refusal to engage in independence skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fears and phobias	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inattention/lack of concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of interest in activities	<input type="checkbox"/> Yes <input type="checkbox"/> No

Form
Behaviour Log
 Residential Care and Transition Services

Engagement and self-management	
Obsessions or compulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oppositional/defiant behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overactive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawal from others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refusal of access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anger management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being safe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Following directions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining on task	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shows initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completion and sign off			
Name of worker	Click here to enter text.		
Signature		Date	Click here to enter a date.