



# TEMPER TANTRUM REPORT

Child \_\_\_\_\_ Date of Report \_\_\_\_\_ Year 20  
 Completed by \_\_\_\_\_ Date of \_\_\_\_\_ Time of \_\_\_\_\_  
 Tantrum \_\_\_\_\_ Tantrum \_\_\_\_\_  
 Location \_\_\_\_\_ \* Include Tantrum Report in Month End Notes

## Functional Behavior Analysis

### Part I: Possible reasons for the tantrum

What happened before the tantrum that may have triggered it – may be a single event or a combination

#### ENVIRONMENTAL

- Change of physical environment (new room, new place)
- Change of people in the physical environment

#### POSSIBLE SENSORY TRIGGERS

- |                          |        |                          |        |             |
|--------------------------|--------|--------------------------|--------|-------------|
| <input type="checkbox"/> | Sounds | <input type="checkbox"/> | Taste  | Smell       |
| <input type="checkbox"/> | Touch  | <input type="checkbox"/> | Visual | Temperature |

#### OTHER CAUSES

- Insistence on sameness of schedules and routines
- Lack of social awareness – does not pick up on social cues
- Unable to communicate illness or injury
- Frustration at a task or following a rule
- Withdrawal of individual attention
- Parental issue

#### NO IDENTIFIABLE REASON

- Tantrum occurred 'out of the blue', with no clear correlation between a trigger and the behavior

#### DETAILS:

**Part II Describe the Behavior**

**BEHAVIOR** (check all that apply)

**Passive:**

<input type="checkbox"/>	Pouting	<input type="checkbox"/>	Sulking	<input type="checkbox"/>	Went limp
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Sobbing	<input type="checkbox"/>	
<input type="checkbox"/>	Clinging to objects	<input type="checkbox"/>	Clinging to people	<input type="checkbox"/>	

**Aggressive:**

<input type="checkbox"/>	Yelling	<input type="checkbox"/>	Shouting	<input type="checkbox"/>	Screaming
<input type="checkbox"/>	Cursing	<input type="checkbox"/>	Hair Pulling	<input type="checkbox"/>	Hitting
<input type="checkbox"/>	Biting	<input type="checkbox"/>	Self-Harm	<input type="checkbox"/>	Throwing objects (big? Small?)
<input type="checkbox"/>	Causing damage	<input type="checkbox"/>		<input type="checkbox"/>	

**Body Position:**

<input type="checkbox"/>	On the floor	<input type="checkbox"/>	On a chair/couch	<input type="checkbox"/>	On the bed
<input type="checkbox"/>	Ran around the room	<input type="checkbox"/>	Ran toward a person	<input type="checkbox"/>	Left the room
<input type="checkbox"/>	Under furniture	<input type="checkbox"/>	In an open space	<input type="checkbox"/>	

RATE SEVERITY OF BEHAVIORS: Rate on a scale of 1 (minor) to 10 (severe)

Eg. *Viciousness of Hitting:* 1 = no mark 5 = bruised skin 10 = drew blood  
*Viciousness of Hair pulling:* 1 = touched hair 5 = tugged hair 10 = pulled hair from scalp

**DURATION** Hours \_\_\_\_\_ Minutes \_\_\_\_\_

**Note Details followed by Rating**

	Rating

**Part III Foster Parent's response to behavior:**

**Response:** What did you do? In 'Details' describe how effective the response was.

<input type="checkbox"/>	Ignored it	<input type="checkbox"/>	Time Out	<input type="checkbox"/>	Time In
<input type="checkbox"/>	Physically comforted the child	<input type="checkbox"/>	Moved child to a calm area		
<input type="checkbox"/>	Natural Consequences (i.e. Cancelled outing because child wasn't settled; Removed toys due to throwing)				
<input type="checkbox"/>	Other:				

**Note Details and Effectiveness of Response**