

**CHILD'S NAME:**

**DATE:**

**COMPLETED BY A QUALIFIED BEHAVIORAL HEALTH PROFESSIONAL, WHEN CLINICALLY INDICATED, FOR USE WITH CHILDREN WHERE THE PRIMARY NEED IDENTIFIED IS RELATED TO THE CHILD'S BEHAVIOR.**

**DESCRIPTIVE ANALYSIS OF THE BEHAVIOR:**

Describe the behavior of concern by general type (e.g., aggressive, self injurious, oppositional), then in specific terms (e.g., biting, refusing to eat, screaming). *This should be listed as one of the needs and objectives in the child's Individual Service Plan.*

When did the behavior first start? Were there any significant events or changes in the person's life, family or routine about this time?

Describe the duration of the behavior (e.g., minutes, hours, days):

Describe the frequency of the behavior (e.g., every hour, three times a day, once a week):

Describe where the behavior occurs (e.g., everywhere, only at home, only in the car):

Describe when the behavior occurs (e.g., all day, bedtime, when hungry, when left alone, when ill or fatigued):

Identify in whose presence the behavior occurs (e.g., with everyone, only mother, anyone except grandmother):

Does this behavior bother everyone involved with the individual equally, or does it bother some persons more than others?

Describe any activities that are associated with the behavior (e.g., feeding child, arguing with someone, picking up child):

What do you (or other parent/caregiver) try to do to prevent or stop the behavior? How effective is this?

What is usually your (or other parent/caregiver) immediate reaction to the behavior?

What do you (or other parent/caregiver) usually do as a consequence to the behavior? How effective is this?

Is the behavior worse, better or different if routines are followed or disrupted?



**AHCCCS BEHAVIORAL HEALTH SYSTEM PRACTICE TOOLS**  
**ATTACHMENT D, WORKING WITH THE BIRTH THROUGH FIVE POPULATION**  
**BEHAVIORAL ANALYSIS TEMPLATE**

**NEED/INTENTION ANALYSIS:**

What do you believe to be the reason or cause for the behavior? If certain needs or intentions are believed to be driving the behavior, describe other ways that this particular need is met?

What do you think will happen with this behavior over time?

How do you believe that this behavior should be handled given your preferences, cultural practices, beliefs, etc?

**BEHAVIORAL HEALTH PROVIDER:** Describe any additional or different possible needs or intentions behind the behavior:

_____ <i>Behavioral Health Servicing Provider (PLEASE PRINT)</i>	_____ <i>Name of Behavioral Health Personnel (PLEASE PRINT)</i>	
_____ <i>Signature of Behavioral Health Personnel with credentials, if applicable (BHT/BHPP)</i>	_____ <i>Date</i>	_____ <i>Time: Begin/End</i>
_____ <i>Behavioral Health Professional Reviewer (BHP) (PLEASE PRINT)</i>	_____ <i>Signature of Licensed BHP</i>	
_____ <i>BHP Reviewer: Professional Credential(s) LCSW, LMSW, LMFT, LAMFT, LPC, LAC, PhD, PsyD</i>	_____ <i>Date</i>	_____ <i>Time: Begin/End</i>