

Site SIBK	Project 02	Visit Type 	Visit # 	Month /	Day /	Year 	Subject # 	Initials
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Incidents Involving Property:

Category weight = 2

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>slam a door or cabinet, rip clothing, or knock something over</i> in anger?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
2. How many times did your child <i>throw things down, kick furniture, or otherwise misuse things angrily</i> but did not break them?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 4	<input type="radio"/> 8	<input type="radio"/> 12
3. How many times did your child <i>break things, smash windows, or damage or deface property</i> on purpose?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
4. How many times did your child <i>set a fire or throw things at people</i> in order to hurt them?.....	<input type="radio"/> 0	<input checked="" type="radio"/> 8	<input type="radio"/> 16	<input type="radio"/> 24
5. Other incidents involving property (Please describe):				

Incidents Directed Toward Self:

Category weight = 3

	None	1 - 2 times	3 - 4 times	5 or more times
1. How many times did your child <i>pick at or scratch his or her skin, pull out hair, or hit himself or herself</i> while upset or angry?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 6	<input type="radio"/> 9
2. How many times did your child <i>bang his or her head, hit his or her fists into the wall, or throw himself or herself on the floor</i> ?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 6	<input type="radio"/> 12	<input type="radio"/> 18
3. How many times did your child <i>cut, bruise, or burn himself or herself</i> on purpose?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 9	<input type="radio"/> 18	<input type="radio"/> 27
4. How many times did your child <i>severely injure himself or herself, or try to kill himself or herself</i> ?.....	<input checked="" type="radio"/> 0	<input type="radio"/> 12	<input type="radio"/> 24	<input type="radio"/> 36
5. Other incidents in which your child acted harmfully toward himself or herself (Please describe):				

Staff Use:

VE.....		
PH....		
PR.....		
SE.....		
Total.....		