
From data to *report*.

How to turn recorded behaviour data into the six parts of a behaviour support report. A training handout for new practitioners.

For new behaviour support practitioners

Use freely, and share it with anyone who'd find it useful

Pairs with Daniel's Diaries data capture

— START HERE

Evidence based practice means your decisions follow the data. This is how the data becomes the report.

A good behaviour support report is not written from memory or impression. It is built from what was actually recorded. Once you have consistent data, the report almost writes itself, because it always answers the same six questions in the same order.

This handout walks through those six parts. For each one you'll see **the data you need, what to work out**, and **what strong wording sounds like**. The model paragraphs use **[brackets]** to mark the details you slot in from your own data.

THE HABIT TO BUILD

*Function before form. Work out what the behaviour is for before you write a single strategy.
Everything downstream depends on it.*

THE SIX PARTS

- 1 · Behaviour Frequency Summary — what is happening, how often, how intensely
- 2 · Trigger Ranking — what tends to come before the behaviour
- 3 · Function Hypothesis — what the behaviour is for
- 4 · Strategy Effectiveness — what actually helps
- 5 · Risk Summary — what the risks are, and how they are managed
- 6 · Funding Justification — why the support is reasonable and necessary

Behaviour Frequency Summary

Establish what is happening, how often, and how intensely, so everything after it stands on real numbers.

THE DATA YOU NEED

FIELD	NEED
Participant name	Required
Reporting period	Required
Behaviour type	Required
Date and time	Required
Duration	Required
Intensity rating (1 to 5)	Required
Setting	Required

WHAT TO WORK OUT

- Total incidents for each behaviour
- Average incidents per week
- The highest frequency behaviour
- The highest intensity behaviour
- The change from the first half of the period to the second half

MODEL WORDING

During the reporting period from [date] to [date], the recorded data shows [total] behaviour incidents for [participant]. The most frequently recorded behaviours were [behaviour 1], [behaviour 2], and [behaviour 3].

[Behaviour 1] occurred most frequently, with an average of [x] incidents per week. Intensity ranged from [low] to [high], with higher intensity incidents most commonly occurring in [setting or context].

Compared with the beginning of the period, behaviour frequency has [reduced, increased, or remained stable], indicating [emerging improvement, ongoing support need, or escalating risk].

Trigger Ranking

Identify the antecedents, what tends to happen just before a behaviour, so support can move earlier in the chain.

THE DATA YOU NEED

FIELD	NEED
Antecedent or trigger	Required
Setting	Required
Time of day	Recommended
Emotional state before the incident	Recommended
Demand present?	Recommended
Sensory factor present?	Recommended

TRIGGER CATEGORIES TO SORT AGAINST

Demand placed

Transition

Denied access

Sensory overload

Sensory under-stimulation

Unstructured time

Change in routine

Peer or social conflict

Perceived criticism or shame

Fatigue, hunger, pain

Reduced choice or control

WHAT TO WORK OUT

- Count each trigger across the period
- Rank the top three
- Work out the percentage of incidents linked to each
- Look for trigger clusters that tend to appear together

MODEL WORDING

The most commonly recorded antecedents were [trigger 1], [trigger 2], and [trigger 3].

[Trigger 1] was present in [x%] of recorded incidents, suggesting behaviour is more likely when [participant] experiences [plain language interpretation].

These patterns indicate that proactive support should prioritise [routine and predictability, communication adjustments, sensory supports, or choice and control].

Function Hypothesis

Work out what the behaviour is for. This is the centre of the whole report, everything else is built around it.

THE DATA YOU NEED

FIELD	NEED
Trigger	Required
Behaviour	Required
Consequence or outcome	Required
Staff response	Required
Participant response after the incident	Recommended

FUNCTION MAPPING — READ THE PATTERN, NAME THE FUNCTION

Demand → behaviour → demand removed	ESCAPE / AVOIDANCE
Denied access → behaviour → item or activity provided	TANGIBLE ACCESS
Low connection → behaviour → increased attention	CONNECTION / ATTENTION
Noise, crowding, fatigue → behaviour → withdrawal or regulation	SENSORY / EMOTIONAL REGULATION
Choice removed → behaviour → adult negotiates or returns control	AUTONOMY / CONTROL
Perceived threat or shame → behaviour → protection or avoidance	TRAUMA PROTECTIVE RESPONSE

MODEL WORDING

Analysis of the antecedent, behaviour and consequence data suggests that [participant]'s behaviour is primarily maintained by [primary function], with secondary indicators of [secondary function].

This is supported by repeated patterns where [trigger] was followed by [behaviour], and the outcome was commonly [consequence].

Behaviour appears to serve a function of [plain language function], rather than being intentional or oppositional. This indicates the need for proactive, function based strategies that reduce the need for behaviour to communicate distress, avoid overwhelm, or regain regulation.

SAY IT PLAINLY

Behaviour is communication, not defiance. Naming the function well is the single kindest and most useful thing a report can do.

Strategy Effectiveness

See what actually helps, so the plan keeps what works and lets go of what doesn't.

THE DATA YOU NEED

FIELD	NEED
Strategy used	Required
Timing (before, during, or after)	Required
Outcome	Required
Recovery time	Recommended
Engagement restored?	Recommended
Staff confidence rating	Optional

STRATEGY CATEGORIES TO SORT AGAINST

- Visual schedule
- Reduced verbal load
- Choice offered
- Sensory support
- Co-regulation
- Break or regulation space
- Predictable transition warning
- Preferred activity connection
- Communication support
- Environmental adjustment

WHAT TO WORK OUT

$$\text{success rate} = (\text{times the strategy led to de-escalation, engagement, or shorter recovery}) \div (\text{total times the strategy was used}) \times 100$$

MODEL WORDING

The most effective strategies during the period were [strategy 1], [strategy 2], and [strategy 3].

[Strategy 1] was associated with positive outcomes in [x%] of recorded uses, including [reduced escalation, shorter recovery, or improved engagement].

This indicates that [participant] benefits from proactive, predictable, and relationally safe supports. These strategies should be embedded in the behaviour support plan and implemented consistently across environments.

PART FIVE

Risk Summary

Name and rate the risks honestly, and show how they rise and fall with support.

THE DATA YOU NEED

FIELD	NEED
Risk category	Required
Risk level	Required
Evidence or example	Required
Frequency	Recommended
Mitigating strategy	Recommended
Restrictive practice used?	Required

RISK CATEGORIES TO CHECK AGAINST

- Harm to self
- Harm to others
- Property damage
- Health or safety
- Developmental
- Education or work participation
- Community participation
- Placement or support breakdown
- Dignity and human rights
- Restrictive practice or safeguarding

MODEL WORDING

Current data indicates risk across the following areas: [risk 1], [risk 2], and [risk 3].

Risk is most elevated when [triggers] occur, and is reduced when [protective strategies] are implemented consistently.

Without consistent behaviour support, there is a risk of [escalation, support breakdown, reduced participation, or increased restrictive responses]. Ongoing monitoring and proactive strategy implementation are required to reduce risk and support safe participation.

Funding Justification

Show that ongoing support is reasonable and necessary, in the language funding decisions are made in.

THE DATA YOU NEED

FIELD	NEED
Are behaviours still occurring?	Required
Functional domains impacted	Required
Risks present	Required
Strategies showing benefit	Required
Ongoing support required	Required
Consequence of no support	Required

NDIS FUNCTIONAL DOMAINS TO TAG

- Self-management
- Social interaction
- Communication
- Learning
- Mobility
- Self-care
- Community participation

MODEL WORDING

Ongoing behaviour support remains reasonable and necessary, as the recorded data demonstrates continued functional impairment across [domains], with behaviours of concern impacting [participation area].

Behaviour support is required to reduce risk, improve emotional regulation, build capacity, support safe participation, and prevent escalation of long term support needs. The data shows that [participant] responds positively to [effective strategies], demonstrating that support is likely to be beneficial when implemented consistently.

Without ongoing behaviour support, there is a significant risk of [risks], including increased behavioural escalation, reduced participation, support breakdown, and greater reliance on crisis or higher cost supports.

THE HIGHEST VALUE HABIT

Funding follows functional impact, not diagnosis. Always show the chain from behaviour to daily life impairment to the support that answers it.

What a strong report distils to.

However much data you gather, a good report always resolves to the same short set of answers. If you can fill these six, you have a report.

01

Top 3 behaviours

By frequency and by intensity.

02

Top 3 triggers

With the percentage of incidents each explains.

03

Primary + secondary function

Named from the pattern, not assumed.

04

Top 3 effective strategies

With their success rate.

05

Top 3 risks

And what brings each one down.

06

One funding paragraph

Behaviour to impairment to support.

REMEMBER

Good data collected consistently is worth more than any amount of clever writing. Get the recording right and the report takes care of itself.

This handout is a professional training tool, not clinical or legal advice. Informed by the BSP-QEII, the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, and the six NDIS functional domains. CorePBS is aligned with the NDIS framework but is not affiliated with or endorsed by the NDIS.