**Identifying Patterns**

Name of person you support:

Behaviour that concerns:

Completed by:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who** are the behaviours most and least likely to happen with? Why? | **Where** are the behaviours most and least likely to happen? Why? | **What** activities are most and least likely to produce the behaviours? Why? | **When** are the behaviours most and least likely to happen? Why? | Are there any **other** things that might be influencing the behaviour? (Unwell, rushed, hot, cold etc.)  |
| Most Likely  | Most Likely  | Most Likely  | Most Likely  | Most Likely  |
| Less Likely | Less Likely  | Less Likely  | Less Likely  | Less Likely  |