CHILD GUIDANCE

POLICY/APPROACH:

Southern Oregon Child and Family Council is committed to using positive, age appropriate behavioral strategies when teaching young children the skills needed to develop social competence and prepare children/families for entry into public schools. Further, we are committed to working with families to assist them in fostering the development of their children in all areas.

The development of social competence is an underlying goal of early childhood education. Social competence includes the ability to initiate and maintain relationships with others. A child must learn how to approach other children, how to recognize and nurture friendships with peers, how to negotiate issues that come up, how to take turns, self-regulation, and how to communicate effectively. Positive child guidance and classroom management decisions will promote positive social skills, foster mutual respect, strengthen self-esteem and support a safe environment. Rather than attempting to “stop” a child’s negative behavior, positive techniques help him or her to find and practice skills that will help now and in the future. Corporal punishment is against our policies and Licensing Regulations.

In rare cases, a child may present behaviors that pose a danger to themselves, other children or staff members and it may be determined that the child will need special intervention. This intervention may include developing a more specific intervention plan with the family.

HEAD START PROGRAM PERFORMANCE STANDARDS:
1304.21(c)(1)(iv)-1304.21(a)(1)(iii)-Education and Early Childhood Development
1304.24(a)(1)(vi)-Children’s Mental Health Services

PROCEDURES:

This procedure is supported by “Routine Based Support Guide”
UNIVERSAL STRATEGIES FOR ALL CHILDREN (Promoting Social Skills)

<table>
<thead>
<tr>
<th>STRATEGIES FOR UNIVERSAL SUPPORT</th>
<th>DATES and DEADLINES</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a Child and Staff Safety Site Plan (All Staff at HS Center) refer to as needed.</td>
<td>Refer to Dates and Deadlines</td>
<td>Post in classroom</td>
</tr>
</tbody>
</table>
| • Daily Schedule with Photos  
  • Matrix  
  • 6 Steps of Conflict Resolution posted & utilized in classroom  
  • Classroom Rules Posted | Refer to Dates and Deadlines | Daily Schedule & classroom rules posted in classroom & on lesson plan. Matrix posted in classroom. Six steps to Conflict Resolution posted in classroom. |
| Positive Classroom Community being built with photos of classroom rules posted in classroom; guiding principles with activities to support understanding, natural and logical consequences | First Three Weeks of HS | Lesson plan  
  Posted Classroom Rules |
| Social Skills (2nd Step, Safety First, PBIS) social curriculum taught & strategies utilized | Daily - Throughoout Year | Lesson plan |
| Positive guidance strategies utilized with acknowledgment system in place, classroom staff utilizing frequent encouragement and praise, 4:1 positives used regularly. Positive relationships developing, continuously built between children and teaching team. | Daily - Throughoout Year | Lesson plan  
  Education Monitoring Tool |
| Developmentally Appropriate Environment, Structure, and Curriculum in place that support pro-social behavior | Daily - Throughoout Year | Environment Checklist  
  Lesson Plan |
| Communication with Child’s Family regarding classroom observations, concerns and strategies used. | Daily - Throughoout Year | Data System |
| Refer to Initial Home Visit, Screenings, Observations, IFSP, and Family Goals often. Debrief daily regarding focal children. | Throughout Year | Child file  
  Data System & TS Gold |
| Meet with Family Advocate to Staff families and concerns on a consistent basis | Throughout Year | Data System |
| Child Development Specialist Classroom Observation (CDS) teaching team follow up on feed back. | Refer to Dates and Deadlines | Mental Health Classroom Observation |

Child and Staff Site Safety Plan

<table>
<thead>
<tr>
<th>Indoors</th>
<th>Outdoors</th>
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</thead>
<tbody>
<tr>
<td>List tools to support child &amp; safe place for child to express emotions or to have individual time with adult support</td>
<td>List tools to support child &amp; safe place for child to express emotions or to have individual time with adult support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan and Procedure for Keeping other children and staff safe:</th>
<th>Communication Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word or phrase used if dangerous individual or situation necessitates an overall alert.</td>
<td></td>
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</table>
GUIDANCE PLANS (Individualizing for children who are struggling)

Information Gathering
1. Conduct a staffing. (Guidance Staffing Form).
2. Informally, connect with the parent regarding concerns.
3. Begin formal observations of the child, document in data system. Education Department staff will help determine which observation forms to use. There needs to be at least 3 observations documented to proceed to possibly developing a Child Guidance Plan. Complete the Guidance Staffing Form.
4. Education Department staff will help determine if a consultation is needed and who should attend.

Writing the Child Guidance Plan
1. Education Department staff /Head Teacher, Teacher, Teaching Assistant should work together in writing the guidance plan. Include IFSP case manager, DHS caseworker, MH provider, when applicable.
2. Teachers will talk with the family and discuss the strategies and skills that will be worked on within the classroom and home, including family input. They will offer the family the resources/tools being utilized. Documentation of this conversation should be recorded on the Guidance Plan.

Implementation and Follow Up
1. Ongoing implementation follow up will occur at the Daily Debrief between teacher and teaching assistant.
2. Teacher will document monthly updates in the data system (action plan updates)
3. Education Department staff will monitor the implementation of the plan as needed/reviewed monthly. Documentation of their review is recorded in the data system on the monthly update with comments, initials and date.
4. If needed, Child Development Specialist (CDS) will complete an individual observation of the child, after an ROI is signed by the parent.
5. If determined that a meeting with the family is needed to discuss more in depth plans and additional resources, the CDS has and will complete the SOHS Individual Plan (MH-1) with the parent and team. A Functional Behavioral Assessment may be needed to aid in planning for the child.

Children exhibiting Challenging Behaviors while riding the bus:

When a child is struggling on the bus the bus driver or monitor will notify the teacher, family advocate or Area Manager. A team meeting will be scheduled to develop a plan for the child while riding the bus and will include the parent, bus driver, teacher, family advocate, area manager and Ed Department person. The child plan for the bus will be added to the existing child guidance plan, if a plan is currently in place. If there is not a current plan, a guidance plan will be written for the bus. Communication regarding the child will occur between the teacher/family advocate and family.
**Guidance Staffing Form**

Child’s Full Name________________  Birthdate________  Program Year______

Completed by: __________________________ Date____________ Follow-up Date_____

Required Team Members (Head Teacher/Ed dept. person responsible for facilitating and writing)
FA ___  T ___  TA ___  HT ___  Ed Dept ___  AM ___  other___

<table>
<thead>
<tr>
<th>CHECKLIST</th>
<th>DATE(s)</th>
<th>COMMENTS</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Input</td>
<td></td>
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<tr>
<td>Notes from FA-T Debrief</td>
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<tr>
<td>Daily T/TA Debrief -dates only (refer to data system notes)</td>
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<tr>
<td>Previous Individualization</td>
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<tr>
<td>Behavioral Observation Form</td>
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<tr>
<td>Review File/TS Gold Data</td>
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<tr>
<td>Family Conference Next Steps</td>
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<tr>
<td>Developmental Screening (ASQ)</td>
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<tr>
<td>Behavioral Screening (ASQ/SE)</td>
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<tr>
<td>Health issues</td>
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<td>Vision/Hearing</td>
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<td>Asthma/Medication</td>
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<tr>
<td>Individual Care Plan(health)</td>
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<tr>
<td>Language/ Cultural</td>
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<tr>
<td>Child Development Specialist classroom observation (individual observation occurs only with ROI and only if needed)</td>
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<tr>
<td>IFSP (contact Case Manager immediately)</td>
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<tr>
<td>DHS Caseworker contacted</td>
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<tr>
<td>Contact with Mental Health Therapist, Other</td>
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</tbody>
</table>
GUIDANCE PLAN

Date___________________   Center ______________

Written By_________________________________________

What_______________________________ does during______________________________________:

(Child’s full Name)                                                       (Routine)

Has the observation tool already addressed where and when the problems occur?
_____________________________________________________________________________________
_____________________________________________________________________________________

Why I think he/she is doing this:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

<table>
<thead>
<tr>
<th>What can I do to prevent the identified behavior &amp; attain desired behavior</th>
<th>What can I do if the identified behavior or desired behavior occurs</th>
<th>What specific skills should I teach and how do I teach those skills</th>
</tr>
</thead>
<tbody>
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</table>

Ideas for sharing_____________________ ’s plan and helping the family provide support to the child at home:

(Child’s Name)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Dates of parent contacts/comments and updates:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

(see Monthly Updates in Shine, refer to observation forms, CDS input, individual observation, ECS Case manager if applicable, etc.)

Education Department Person Approving Plan:

Name:_____________________________   Date:___________________
CHILD EMERGENCY PLAN

Whenever there is serious consideration of limiting services for any amount of time the following procedures must be adhered to:

<table>
<thead>
<tr>
<th>REQUIRED ACTIONS</th>
<th>PEOPLE INVOLVED</th>
<th>PAPERWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activate the <strong>Child and Staff Site Safety Plan</strong> (refer to Responding to Unanticipated Dangerous Behavior). If child is extremely agitated or frightened, wait until child is calm.</td>
<td>Center Staff and/or Area Manager</td>
<td>Center and Staff Safety Plan form</td>
</tr>
<tr>
<td>• When child is calm, begin to define and clarify events in order to objectively describe situation. Continue to stay with child and attempt to reintegrate child into classroom.</td>
<td>Teacher and any other staff members involved</td>
<td></td>
</tr>
<tr>
<td>• If the child is unable to calm and participate in the classroom activities then call parent and explain situation. Problem solve with parent.</td>
<td>Teacher and other center staff members who may need to assist with this process to ensure appropriate or safe staff/child ratios</td>
<td></td>
</tr>
<tr>
<td>• Further action (if parent needs to pick up child) cannot be taken until Area Manager has been notified.</td>
<td>Area Manager/Education Department staff</td>
<td></td>
</tr>
<tr>
<td>• Area Manager will contact HS Director, or if not available the Operations Director for permission to have parent pick up child. If Child Emergency Plan is approved, call parent and describe situation. 1.</td>
<td>Area Manager</td>
<td>Child Emergency Plan written by Area Manager</td>
</tr>
<tr>
<td>• Fill out Child Emergency Plan Form. ASAP the Area Manager will make 3 copies and send to: Disabilities/Mental Health Manager, Director of Education, and HS Director. Then put the original white copy in the Child’s file.</td>
<td>Area Manager</td>
<td>Area Mgr will schedule consult ASAP</td>
</tr>
<tr>
<td>• ASAP Area Manager will contact (via email) all listed:</td>
<td></td>
<td>Document in Data System</td>
</tr>
</tbody>
</table>

☐ HS Director  ☐ Head Teacher  ☐ Ed. Dept. Staff
☐ Dir. Of Ops  ☐ Dir. Of Ed  ☐ Dis/MHMgr.
CHILD EMERGENCY PLAN

Area Manager
completing report________________________ Date_________ Follow-up Date
____________________

Child’s name ________________________________________ Center ________________

Teacher ___________ Family Advocate _______________ Head Teacher_______________

Other participants present
___________________________________________________________

Reason for Child Emergency Plan:

What happened before the incident?

Who was present?

What was child’s response?

Is there a Child Guidance Plan?
☐ yes ☐ no If no schedule consult, if yes refer to guidance plan, schedule follow-up
meeting.

Write a brief description of the parent contact. (This contact may occur in person when the
parent picks up the child or it may be a phone conversation.)

Parent contact needs to be made ASAP after the incident occurs.

Center staff team involved must meet as soon as possible with Area Manager to plan for this child and family.
Call Ed. Dept. to schedule Consultation

__________________________________________ date

Area Manager Signature

ASAP the Area Manager will make 3 copies and send to: Disabilities/Mental Health Manager, Director of
Education, and HS Director. Then put the original white copy in the Child’s file

ASAP Area Manager please contact all listed: ☐ HS Director ☐ Head Teacher ☐ Dir. Of Ops ☐ Ed.
Dept. staff

SAFETY FIRST CURRICULUM (Responding to unanticipated behavior)

The state approved Safety First curriculum was designed to address a rise in dangerous behavior among preschool children. This curriculum trains staff on consistent response strategies and safe ways to engage in physical interventions. We utilize the Safety First strategies to prevent and de-escalate challenging behaviors in our classrooms.

**First Response Strategies**

Something a teacher does to prevent or de-escalate the child’s dangerous behavior that:

- Occurs within 3 seconds of the dangerous behavior
- Prevents access to reinforcement immediately following dangerous behavior
- Is based on the function of the dangerous behavior

<table>
<thead>
<tr>
<th>Type of First Response</th>
<th>Inappropriate Examples</th>
<th>Appropriate Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Something that an adult says to a child to prevent or de-escalate dangerous behavior | • Direction about what not to do  
• Vague directions for alternative behavior  
• Saying “stop” without redirection  
• Giving child directions from far away  
• Stating the perception of the problem | • Direction to engage in alternative behavior  
• Direction to engage in replacement behavior  
• Direction to de-escalate  
• Empathetic remarks |
| **Physical**            | • Hugging child  
• Touching the child if dangerous behavior escalates following physical touch  
• Standing over child with a threatening posture | • Moving a child away from peer  
• Sitting between child and peer  
• Interrupting child’s attempt to throw more sand by physically guiding fist to drop the sand in the sandbox  
• Physically guiding child to engage in appropriate alternative behavior (e.g. tapping a peer on the shoulder to get his attention) |
| **Environmental**      | • Moving the child to a location likely to put the child, others, or property at increased risk  
• Moving child closer to other children  
• Moving child to an area of the room with breakable items  
• Moving child to a more stimulating activity | • Removing children and/or materials from the area  
• Moving peer to another location in the sandbox  
• Putting a physical barrier (e.g. furniture) between the child and others  
• Staffing changes  
• Teacher monitoring child may change staffing roles with another teacher |
| **Mixed**              | • Moving child away from peer while stating, “drop the block”  
• Sitting between child and peer & physically guiding child to drop the block  
• Physically preventing child from throwing the block while encouraging peer to tell child to stop |                     |

Remember: Use First Response Strategies first unless the child or others are at imminent risk of serious injury which is likely to occur within 3 seconds.
L.E.A.D Process

LEAD Considerations:
- Use only as trained, and only when necessary
- Avoid designating one person to execute the LEAD process
- Have a plan for post LEAD recovery for staff
- Have a plan in place for post LEAD debriefing

Before you step into the classroom…
- Check for personal safety.
- Consider: your hair, clothing, finger nails, ear rings, name tags, glasses, shoes,
- Are you physically able to get up and down from the floor easily?

L: LABEL  Label feelings. Showing empathy may be enough to diffuse a tense situation. Unless you have reason to believe that labeling the child’s behavior will be a further trigger or escalation, label the child’s behavior as unsafe “I’m going to help you be safe”

E: Envelop
- This is the actual restraint.

Steps:
  - Call for other staff to monitor.
  - Assess the environment.

Envelop Approach
- Move directly behind the child, or turn the child so that the child faces away from you
- Place your hands on the child’s shoulders Slide your hands (squirrel paws) down the back of the child’s arms
- Guide the child’s elbows to cross the their arms together in front
- Position your hands to grasp the child’s opposite forearm (your right hand will be on their left forearm)
  - Your grasp should be above the wrist and below the elbow, avoiding joints
- Avoid pressure on the child’s diaphragm or throat

Envelop Stabilize
- against a wall, slide down and position the child so that they are sitting between your legs.
- If possible, move to a wall by walking backward holding the child in a standing LEAD position.
- If not against a wall, slowly move to a seated position.
  - Go to one knee, then two knees, then to sitting.
- Keep the child close to you to maintain your balance.
- Bring the child with you to the floor.

A: Assist  Assist the child to de-escalate by continuing the hold, releasing as YOU or the observer judge the child to no longer be a danger to self or others.
  _____Adult sits with child calmly
  _____Adult holds child until child is safe and child is no longer demonstrating imminent danger to self or others.
Remembering to keep talking to a minimum. The adult can use calming strategies such as deep breathing, counting, and noticing signs of calming.

D: Direct

- Guide the process for re-entering the group when the child is ready.

Plan:

- Offer choices (good reorganizing activities for the child).
- Use non-directive language
- Provide empathetic support
- Consider the end of physical control to be a fresh start, a clean slate. Teaching replacement behavior should occur during small group activities, individual, incidental teaching, and conflict situations which have not reached escalation (“Teachable Moments”). Refer to PBS principles.
- Monitor child
  - to prevent re-escalation
  - for any signs of distress

FOLLOW UP LEAD (When/if the “envelope” hold has been used on a child)

If the envelop hold is used by a CA or TA or a Teacher it must be reported to the Head Teacher who will assist with the following steps.

- **Immediately** (after class) email, your Education Department staff, Head Start Director, Education Director, Disabilities/Mental Health Director and Area Manager. This email should include what class the envelop technique was used in and the name of the staff member using it.
- This should be followed by a brief scenario of what happened, including the child’s name.
- Teacher/AM/HT/Ed Person will complete the LEAD form within 24 hours of when the incident occurred.
- Teacher/AM/HT/Ed department staff will complete the LEAD form in consultation with the staff member who used the envelop hold if it is a TA or CA.
- Attached to the LEAD form will be the (1) **brief incident description** (as you sent in the email previously – you do not need to re-write it but include a copy of it) (2) **a temporary classroom plan until a Guidance plan can be written and or updated**.
- Parent is to be notified **the same day** the incident occurred.
- Review as a group how and what to share with the parent using the Parent Handout (included in your packet as a guide). Keep your conversation very simple, calm and reach out to the parent for their feedback. A summary of the parent conversation needs to be documented at the bottom of the LEAD form (attach summary).
  1. Call was made at what time & list family member contacted
  2. Brief summary of call
- Copies of the completed packet are to be sent to Head Start Director, Education Director, Disabilities/Mental Health Director and Education person assigned to your center.
- A copy needs to go into the child’s paper file under the Plans section.
- Enter in electronic data system. Subject topic “LEAD” example: “Forms were completed and sent to appropriate people and filed in Child File.” Temporary plan included.
L.E.A.D. Incident Report-Safety First  
Parent Must Be Notified the Same Day the Incident Occurred  
Must Be Completed Within 24 Hours Of When Incident Occurred

Child’s Name: ______________________ Date: ___________ Time: ____________

Person(s) Administering Envelop hold: _______________________ Location: ______________

Activity: __________________________________________________________________________

Safety First Training Status of Personnel (within one year)?: ___Yes ___No

Dangerous Behavior:

Dangerous to Self ________________________________________________________________

Dangerous to Others _____________________________________________________________

First Response Strategy(s)

Attempted: ______________________________________________________________________

Staff Response: Did I L.E.A.D.?

COMMENTS

2. Label the behavior as dangerous?................................. ___Yes ___No
3. Envelop the child?..............Duration of hold_______ ___Yes ___No
4. Assist the child to de-escalate?................................. ___Yes ___No
5. Direct and reintegrate child back into activity?........... ___Yes ___No
6. Follow up with child activity?................................. ___Yes ___No
7. Does child have an IFSP and/or guidance plan? ....___Yes ___No

Did the child cause an injury to occur? ___Yes ___No

IF YES:

• Injury to self (describe) __________________________________________________________
• Injury to others (describe) ______________________________________________________

Was medical support needed? ___Yes ___No If yes, what type? __________________________

Comments: ______________________________________________________________________

SUMMARY CHECK LIST-REFER TO PAGE

___ Debriefed by Team (list team) ___________________________________________ Date________

___Reviewed by Supervisor (signature) __________________________________________ Date________

___Parent Notified Same Day as Incident Occurred 

___Brief summary of parent notification: Attach summary

___Brief summary of incident: Attach original e-mail documenting the incident

___Temporary Plan (attach)

___Copies to: ______________________________
Guide When Sharing With Parent (L.E.A.D.)

This is not a parent hand-out, but is a guide for staff to follow to prepare for parent notification. Parent is to be notified the same day the incident occurred.

Prior to parent conversation review with Area Manager, Education Department, and Head Teacher, how and what to share with the parent. Keep your conversation very simple, calm and reach out to the parent for their feedback. Take notes during or after the parent conversation.

- Begin conversation with parent by sharing positives about their child that occurred that day.
- Then share the child’s behavior as it began to escalate and the First Response Strategies you used in your attempt to redirect and calm the child. Give specifics as to what strategies you used.
- Explain to the parent that you were unable to de-escalate the child with the First Response strategies you attempted and you needed to proceed with the LEAD process.

1. Briefly explain that you have been trained (The Early Childhood Positive Behavior Interventions and Supports Safety First Team) to follow what is known as the LEAD process which is used when a child’s behavior has escalated to the point that they have become dangerous to themselves and or others, and that the child or others were at imminent risk within 3 seconds of physical injury.

2. Explain that the LEAD process stands for Label, Envelop, Assist and Direct.

3. Discuss with the parent
   - what you told the child as you labeled their behavior
   - what empathetic statement you used
   - that you told the child that you were going to help him/her keep their body safe

4. Next tell the parent that in order to keep the child and or others safe you followed the envelop procedure of the LEAD process, explaining that this is a safe way to hold the child to keep them from physically harming themselves or others. During this hold you assisted the child in calming down and when they were calm you reintegrated them back into the group doing an activity of their choice. Tell the parent what worked to calm them (deep breaths etc.) and what activity they chose once they were calm.

- Share positives that occurred with the child as they continued on with their day.
- Problem solve with the parent in regards to triggers and de-escalation techniques, reaching out for the parent’s feedback.
- Attach a brief summary of the conversation you had with the parent to the L.E.A.D. Incident Report.
Child Guidance Procedure Flow Chart

At point of concern, inform the Child Development Specialist and involve them as determined by the Education department person and Child Development Specialist.

On case by case need, meet with the family including Child Development Specialist or if parent requests to meet alone with the Child Development Specialist.

Universal Supports in place?

- YES
  - Gather Observations
    - Meet with Ed Dept. staff, gathered additional information from Family?
      - YES
        - Develop individual plan for child
      - NO
        - No Plan needed
  - NO
    - Back to Universal Supports, provide training, if urgent, put temporary individual supports in place

Plan Implemented fully & successful?

- YES
  - Monthly team meeting check in and update in Shine
  - Plan Working?
    - YES
      - Continue implementation and regular communication with family, when completed, enter that in Shine
    - NO
      - Make appropriate referrals, complete FBA - Parent signs ROI. CDS completes individual observation
        - Plan working?
          - YES - continue implementation and regular communication with family, when completed, enter that in Shine
          - NO - Collect relevant data for additional planning with Nancy, Gina & Jane, Action Plan update in Shine should include summary of FBA, what in guidance plan is/is not working, and the work with child and family to this point. There should also be additional recent observations of the child.
Functional Assessment Interview Form—Young Child

Child with Challenging Behavior(s): ______________
Date of Interview: ____________
Age: _____ Yrs _____ Mos
Sex: M F
Interviewer: ___________ Respondent(s): ___________

A. Describe the Behavior(s)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

<table>
<thead>
<tr>
<th>Behavior</th>
<th>How is it performed?</th>
<th>How often?</th>
<th>How long?</th>
<th>Intensity?</th>
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</thead>
<tbody>
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<td>1.</td>
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<tr>
<td>5.</td>
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2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable “chain”; occur in response to the same situation)?

B. Identify Events That May Affect the Behavior(s)

1. What medications does the child take, and how do you believe these may affect his/her behavior?

2. What medical complication (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?
Module 3a  Handout 3a.5: Individualized Intensive Interventions

3. Describe the sleep cycles of the child and the extent to which these cycles may affect his/her behavior.

4. Describe the eating routines and diet of the child and the extent to which these routines may affect his/her behavior.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Child's Reaction</th>
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6. Describe the extent to which you believe activities that occur during the day are predictable for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

7. What choices does the child get to make each day (e.g., food, toys, activities)?
Module 3a  Handout 3a.5: Individualized Intensive Interventions

C. DEFINE EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)

1. Time of Day: When are the behaviors most and least likely to happen?
   Most likely:
   Least likely:

2. Settings: Where are the behaviors most and least likely to happen?
   Most likely:
   Least likely:

3. Social Control: With whom are the behaviors most and least likely to happen?
   Most likely:
   Least likely:

4. Activity: What activities are most and least likely to produce the behaviors?
   Most likely:
   Least likely:

5. Are there particular situations, events, etc., that are not listed above that “set off” the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

6. What one thing could you do that would most likely make the challenging behavior occur?

7. What one thing could you do to make sure the challenging behavior did not occur?
Module 3a  Handout 3a.5: Individualized Intensive Interventions

D. DESCRIBE THE CHILD’S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (With what? How often?).

2. Does your child have challenging behavior when playing? Describe.

3. Does your child play alone? What does he/she do?

4. Does your child play with adults? What toys or games?

5. Does your child play with other children his/her age? What toys or games?

6. How does your child react if you join in a play activity with him/her?

7. How does your child react if you stop playing with him/her?

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?
Module 3a  Handout 3a.5: Individualized Intensive Interventions

E. IDENTIFY THE "FUNCTION" OF THE CHALLENGING BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>What does he/she get? Or what exactly does he/she avoid?</th>
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2. Describe the child's most typical response to the following situations:
   a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

   b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

   c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a "stern" request/command/reprimand?

   d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes.

   e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

   f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

   g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?
Module 3a  Handout 3a.5: Individualized Intensive Interventions

F. HOW WELL DOES THE BEHAVIOR WORK?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

2. Does engaging in the behaviors result in a “payoff” (getting attention, avoiding work) every time? Almost every time? Once in a while?

3. How much of a delay is there between the time the child engages in the behavior and gets the “payoff”? Is it immediate, a few seconds, longer?

G. HOW DOES THE CHILD COMMUNICATE?

1. What are the general expressive communication strategies used by or available to the child (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.)? How consistently are the strategies used?

2. If your child is trying to tell you something or show you something and you don’t understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)
3. Tell me how your child expresses the following:

**MEANS**

<table>
<thead>
<tr>
<th>FUNCTIONS</th>
<th>GRAB &amp; REACH</th>
<th>GIVE</th>
<th>POINT</th>
<th>LEAD</th>
<th>GAZE SHIFT</th>
<th>MOVE AWAY FROM YOU</th>
<th>HEAD NO/SHAKE</th>
<th>FACIAL EXPRESSION</th>
<th>VOCALIZE</th>
<th>IMMEDIATE ECHO</th>
<th>DELAYED ECHO</th>
<th>CREATIVE SINGLE WORD</th>
<th>SIMPLE SIGNS</th>
<th>COMPLEX SIGNS</th>
<th>SELF-INJURY</th>
<th>AGGRESSION</th>
<th>TANTRUM</th>
<th>CRY OR WHINE</th>
<th>OTHER</th>
<th>NONE</th>
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4. With regard to receptive communication ability:

   a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

   b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

   c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

   d. How does the child tell you "yes" or "no" (if asked whether he/she wants to do something, go somewhere, etc.)?
**Module 3a Handout 3a.5: Individualized Intensive Interventions**

**H. EXPLAIN CHILD’S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS**

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

2. What kinds of things have you or your child's care providers done to try and change the challenging behaviors?

**I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE**

<table>
<thead>
<tr>
<th>Distant Setting Event</th>
<th>Immediate Antecedent (Trigger)</th>
<th>Problem Behavior</th>
<th>Maintaining Consequences</th>
<th>Function</th>
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Rev. 5/6

H 3a.5
(P. B/B)

Reviewed 6/30/16
Revised 6/30/16