DURHAM BEHAVIOUR MANAGEMENT SERVICES

CHILD CARE
REFERRAL GUIDE FOR
BEHAVIOUR CONSULTATION

“Service Excellence for our Communities”

January 2010
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**FORMS**

...Behind the blue page...

*Program Checklist*

*Scatter Plot - Sample*
*Scatter Plot - Blank*

*ABC data collection chart - Sample*
*ABC data collection chart - Blank*

*Behaviour Summary Form (2 pages)*

*Referral Form for Child Specific Consultation (2 pages)*

*Consent to Disclose Information*

*General Consultation Request Form*
INTRODUCTION

The information contained in this booklet is provided by Durham Behaviour Management Services for use in any childcare setting.

The intent of this guide is to familiarize you with the referral process for Durham Behaviour Management Services, while also providing you with some practical information that will help you manage the children in your care.

As with many community-based agencies, there may be a brief wait for our services. This manual will assist you in beginning to gather important information about the disruptive behaviours being exhibited by children in your care. It is not intended to be used as a means of formal assessment nor is it to replace any standing Ministry or Centre-based policies, procedures or guidelines. When service with our agency begins, the information that you have gathered will be used to assist us in providing service to your centre.

Replacing children’s behaviours that have existed for a long period of time is a process that requires patience, and a committed partnership between you and the behaviour consultant working with your centre. We look forward to working with you in a consultation capacity to develop practical solutions that will help you manage the behaviour of the children in your care.
SERVICE OVERVIEW

As part of our mandate, Durham Behaviour Management provides general room consultation, child-specific behaviour consultation and professional development training workshops to childcare centers located within the Region of Durham. The consultation and training services we offer are to provide staff with positive-based methods of preventing and responding to behaviour problems in the childcare centre. More specifically, the services that Durham Behaviour Management Services can provide are as follows:

1. Functional Assessment of problem behaviour.
2. Specific recommendations regarding the behaviour of a child, group of children, or the environment as it affects behaviour.
4. Review and meeting with the parent/guardian and/or childcare staff members to discuss recommendations and provide continuity in programming.
5. Liaison with other agencies to provide a comprehensive delivery of service.
6. Articles and other relevant resources.
7. Staff training and support:
   - specific to an individual child
   - general staff training through the Durham Region Child Care Forum (See section on professional development)
   - limited hands on modeling and training for specific procedures
   - phone consultation to provide general information and answer questions
Durham Behaviour Management Services cannot provide the following:

1. Ongoing hands on (one to one) intervention with a child or groups of children.
2. Support for a particular child *without* written parent/guardian consent.
3. Support for recommendations that could affect the ethical rights and welfare of a child.
4. Information on the state or condition of the home environment (confidentiality).
5. Recommendations for medication.

Durham Behaviour Management Services has the responsibility to advocate for the rights of each child referred for service. Therefore, all possible variables are analyzed when intervention has been requested.

The variables examined could include the environmental conditions, previous interventions, and program modification that may already be in place.
Responsibilities of the Childcare Centre at Intake:

1. To inform the parent/guardian of the request to seek assistance from Durham Behaviour Management Services.
2. To obtain written release from the parent/guardian (copies provided) and to request that the parent/guardian contact Durham Behaviour Management Services.
3. To collect scatter plot and ABC data (and other behavioural information as necessary) on the designated child.
4. To inform the owner/operator of the Childcare Centre of involvement by our agency.

Responsibilities of the Childcare Centre at Consultation:

1. To commit to the child by giving the time and available resources necessary to complete the assessment process and implement the subsequent program.
2. To prearrange with the consultant regular times to meet with staff.
3. To keep Durham Behaviour Management Services informed of any changes or situations that may affect the program or the involvement of Durham Behaviour Management Services.
4. To ensure staff involved with the child are aware of the recommendations to ensure consistent implementation of the program.
5. To indicate any problems or confusion with recommendations provided by Durham Behaviour Management Services.

If service is no longer required or appropriate, this agreement can be revoked by either the Child Care Centre or Durham Behaviour Management Services.

Please read all information contained in this package. If you have any questions or require clarification about how to complete the documents included in this package, please contact our office and speak to Denise Dalton at 1-(800) 387-0642 or (905)668-4113 extension 2829.
Steps Prior to Consultation

The following steps should be completed prior to calling Durham Behaviour Management Services. All required forms (underlined) are included in the FORMS section of this manual and may be copied as needed.

Please note that the following process is covered in detail in our professional development workshops “Introduction to Behaviour Management” Parts 1 & 2. These and all of our workshops are offered through the Durham Region Child Care Forum.

1. IDENTIFY – When the behaviour is identified as causing a concern, notify the supervisor and the parent/guardian.

2. DEFINE – The childcare team (supervisor, staff members…) and the parent/guardian should define the problem behaviour, making sure that it is observable and measurable. For example: “Hits peers” rather than “hurts the children”.

3. TRACK – Begin by completing a Behaviour Summary form, then complete:

   - a Scatter Plot - to look for consistencies or patterns in the time or situations in which behaviours are occurring.
   - an ABC Data Collection chart – to look at what happens both before and after the behaviour, offering new insight as to the why the behaviour might be occurring.

4. EXPLORE AND REVIEW – Explore & review all areas of your program to identify adaptations / changes that could be helpful. Methods of program assessment include:
   - The Early Childhood Environment Rating Scale (ECERS-R by Harms & Clifford).
   - Review the Program Checklist included in this book to give ideas on areas to address when looking for possible options for change.
   - Talk with parents, other staff, previous teacher, supervisor, etc. regarding what helps in various environments.
   - Evaluating the specific compliment of children in a group.
   - Review any previous recommendations in child’s file.
   - Would an additional resource be helpful? If so, what resource would be needed?

5. MAKE CHANGES – are there any areas noted in the Program Checklist that could be adapted in order to reduce some of the problem behaviours? Consult with parent/guardian before implementing any program changes and be sure to keep them informed of progress.
6. **REVIEW RESULTS** – Did the changes decrease the behaviours that were identified? It is important to allow time for the changes to take effect and to continue to track the behaviour during this time. This will show if the changes are helpful and if the child is progressing (ie. “hit teacher 3 time per day before the change, now only hits once per week”). Be sure to keep the parent/guardian informed of the child’s progress.

7. **REFERRAL** - If the behaviour persists, get the parents' written consent to make a referral to Behaviour Management. If a parent/guardian is reluctant to make a referral, contact Behaviour Management to discuss ways to increase parent/guardians' comfort level with this service.

A referral is complete when the following information is received by our agency:

1. Childcare Referral Form – Child Specific Consultation
2. Consent to Disclose Information form (signed by parent/guardian)
3. Behaviour Summary form (be sure you include both pages)
4. Scatter Plots (minimum 1-2 weeks)
5. ABC Data (minimum 1-2 weeks)
6. Parent referral - Once we receive the above information our agency will make contact with the parents/guardians to obtain further referral information. The referral is not complete until this final step is completed by us, so remind parents to return our calls as soon as possible.

Please fax, mail or drop off the forms to
**Durham Behaviour Management Services**,  
605 Rossland Road East, Level 1, P.O. Box 623  
Whitby, Ontario. L1N 6A3  
Or Fax (905)666-6226

We are located on the main level in the Durham Regional Headquarters building at the corner of Rossland Road and Garden Street.

*** PLEASE CALL TO CONFIRM WE HAVE RECEIVED YOUR INFORMATION***

Once we receive this information and make contact with parent/guardian, your centre will then be on our list for service, and a call will be made to schedule the intake visit.
8. **INTAKE Visit** – Once our agency has received all of the necessary referral information, we will then send a representative to visit your centre. The purpose of this visit will be to review service needs, update concerns or improvements, review data collection methods, determine the best consultant for your centre and answer any questions you may have about our agency and service.

9. Centre continues to **TRACK BEHAVIOUR**.

10. **CONSULTATION BEGINS** – as soon as the consultant assigned to your centre is available. See page 10 for process after consultation begins.

    *** If a child is exhibiting unsafe behaviours, it is recommended that Durham Behaviour Management Services be contacted as soon as possible to discuss the referral***

**GENERAL ROOM CONSULTATION**

As an alternate level of service, our agency offers consultation to childcare centres by way of a General Room Consultation. A General Room Consultation would apply in the following situations:

- **It may be requested by centres** in order to obtain support with solving behaviour problems that are exhibited within a room by a large number of children in the program.

- **It may be recommended by the consultant** completing the intake visit in lieu of a child specific behavioural consultation. Occasionally, behaviours can be reduced via general recommendations. This is a less intensive and a faster process toward behaviour change.

- **It may be recommended by the consultant** involved in your centre prior to completing the child specific consultation. For behaviours problems that are complex, often it is necessary to make program alterations that are general in nature in order for specific recommendations to be effective.

Before we can proceed with **general room consultation**, Behaviour Management needs to have received the **Childcare Referral Form – General Room Consultation**

In addition, as part of our general room consultation process, you may be asked to collect some information / data about the problematic behaviours that are occurring. This information / data will help us provide service to your centre. As this is a general room consultation, the names of children in the classroom / centre should not be included in any data collected.
Consultation Begins:
CHILD-SPECIFIC CONSULTATION TO CHILDCARE CENTRES

1. Before we can proceed with consultation, Behaviour Management needs to have received the following:
   1. Childcare Referral Form – Child Specific Consultation
   2. Consent to Disclose Information form (signed by parent/guardian)
   3. Behaviour Summary form (be sure you include both pages)
   4. Scatter Plots (minimum 1-2 weeks)
   5. ABC Data (minimum 1-2 weeks)
   6. Parent referral - Once we receive the above information our agency will make contact with the parents/guardians to obtain further referral information. The referral is not complete until this final step is completed by us, so remind parents to return our calls promptly.

If you have not received a call from our agency within two weeks of forwarding the intake information, please call us at 1- (800) 387-0642 ex. 2829.

2. Please inform the parent/guardian of the following:
   ➢ A representative of DBMS will contact the Parent/Guardian in order to complete the referral process. Once consultation begins, the consultant will contact the parent/guardian to obtain background information relevant to behaviour. Further contact will be made as per the agreement between the consultant and parents/guardians. The Parent/Guardian will be informed of all meetings with the Childcare staff and the Behaviour Consultant, and will be invited to attend if they are able.

   ➢ It is highly recommended that parents be available for a team meeting early in the consultation process. This allows for the open communication of goals and gives the opportunity to establish team roles and responsibilities of all members.

   ➢ We may recommend a medical assessment and/or other types of assessments if additional information is needed to fully understand the child’s behaviour.
Involvement by the parent/guardian in the home may be recommended to provide consistency between the home and the Childcare Centre.

If additional services are deemed to be required, they will be identified and, with the parent/guardian's permission, a referral to those agencies will be made (such as the Durham Preschool Outreach Program. Resources for Exceptional Children and Youth, etc.).

3. Please continue to collect Scatter Plot and ABC Data and have copies of all data collected for the Consultant on the first visit. Copies of any additional assessment or program information are also beneficial. This may include:
   - An Early Childhood Environment Rating Scale (Harms & Clifford)
   - A record of program changes made prior to consultation.

4. It is important that the Childcare staff work in partnership with the Behaviour Consultant. In most cases, Childcare staff will be asked to collect data as required by the Consultant. This information will assist in the completion of the behavioural assessment and speed up the consultation process. Your observations are a very valuable part of the assessment and consultation processes. Equally important is open communication of the process as it impacts staff. If there is any part of the process that is problematic or staff are finding difficult, please inform the consultant to ensure necessary alterations can be made.

5. The Behaviour Consultant will meet with the staff and parent/guardian, observe the child and review all data collected. Program recommendations will be developed with the staff and parent/guardian, and a Family Plan of Service will be created that outlines specific goals for the child.

6. The child’s progress will be monitored by the child care staff and Behaviour Consultant. Changes in the strategies will be made as needed.

7. A review of the goals, program recommendations and implementation will take place approximately twelve weeks after consultation begins.
TERMS AND DEFINITIONS

- **Applied Behaviour Analysis:**
  - A unique and specialized discipline based on the principles of behaviour and the scientific analysis of behaviour.
  - The identification of functional relationships between observable behaviour, its environmental context, and the use of this information in designing intervention based on the least intrusive / restrictive model.
  
  (ONTABA Standards of Practice, 1998)

- **Positive Behaviour Support:**
  - A method for identifying environmental events, circumstances, and interactions that trigger problem behaviour in order to understand the purpose of problem behaviour. Includes the development of support strategies for preventing problem behaviour and teaching new skills.

- **Antecedent:** An event occurring before a behaviour

- **Behaviour:** A behaviour must be defined in terms that are observable and measurable.

- **Consequence:** An event occurring after the behaviour. This can be positive or negative.

- **Duration:** The amount of time the behaviour lasts.

- **Frequency:** How often a behaviour occurs.

- **Intensity:** How extreme the behaviour seems to the observer (i.e.: high, medium, low)

- **Scatter Plot:** A chart used to collect data on when, where and how often a specific behaviour occurs.
PROFESSIONAL DEVELOPMENT

Throughout the year Durham Behaviour Management Services (DBMS) offers professional development workshops to the Early Learning and Child Care community.

All of our workshops are offered through the Durham Region Childcare Forum (DRCCF). The DRCCF monthly newsletter and calendar announcing all workshops is mailed out to all childcare centres in the Region of Durham.

For 2010, workshop topics offered by Durham Behaviour Management Services will include:

- **Introduction to Behaviour Management (2 part).** - This group is a pre-requisite for all of our other groups. It outlines and reviews essential behaviour management skills required for initiating and implementing behavioural programming for children in Early Learning Environments. Part 1 focuses on Identifying and Examining Problem Behaviour. Part 2 focuses on Understanding Problem Behaviour in order to determine function and pave the way for behaviour change. These groups will also help to clarify the process outlined in this referral guide.

- **Setting the Stage for Successful Behaviour in Childcare** – With a focus on prevention, this group will examine factors that contribute to positive behaviour in the early learning and childcare setting. Participants will review methods of program evaluation and learn strategies that can improve programs to set the stage for behavioural success.

- **Supportive Interventions in Childcare** – All childcare programs experience children with behavioural concerns at one time or another. This workshop examines the skills and strategies necessary for staff to successfully intervene when difficulties arise in a supportive, positive and non-reactive manner.

- **Working with the Angry / Aggressive Child in Childcare** – This workshop is an interactive presentation to lead participants through definitions and strategies of how to cope when children are angry and sometimes aggressive in the childcare setting. The use of the Anger Continuum helps staff to recognize key points that may de-escalate a challenging situation. Self-awareness of how to cope with the stress of such situation is also reviewed.

- **Behaviour Management in the School-Age Classroom** – Working with school age children is very different from preschoolers. This two hour session will teach strategies for evaluating the quality of your program, preventing problems before they occur, collecting data to systematically identify factors contributing to difficulties and what to teach in replacing the concerning behaviours. Resource booklets are provided with detailed suggestions.
Reaching In Reaching Out (RIRO)—This intensive, two day (12 hour) certificate program is offered as an advanced level of behavioural training for childcare staff. RIRO is an evidence-based skills training program designed to help adults help young children develop a resilient view about life’s inevitable bumps in the road. Part 1 introduces adults to the key resiliency research and skills that promote a resilient perspective and flexible approach to handling conflict, problems, and everyday challenges. Part 2 helps adults apply the resiliency skills directly with children.

For more groups and information about our program please check our web site—www.durham.ca/childrensservices or contact our offices.
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PROGRAM CHECKLIST

The following are general strategies and approaches that have been found to be effective in preventing and managing some forms of disruptive behaviours. For some children, these strategies may be sufficient to bring about the desired changes in behaviour. Feel free to use this checklist to review your program.

SOCIAL

- Encourage children to listen to one another by modeling and reinforcing turn-taking.
- Assist children in interacting with others:
  - ___ provide words and actions
  - ___ model interaction skills
  - ___ recognize success in cooperative play
- Use a range of behaviour guidance strategies during individual and group interactions:
  - ___ reinforcing positive behaviours
  - ___ redirection
  - ___ problem-solving
  - ___ social skills training
  - ___ peer modeling
  - ___ logical and natural consequences
- When a child is angry:
  - ___ acknowledge the child’s feelings
  - ___ remain calm and supportive
  - ___ use simple language to convey reassurance
  - ___ wait until the child is calm to discuss alternatives
  - ___ safely prevent the child from hurting her/himself, others or destroying property
- Try to use preventative strategies before the child becomes aggressive.
- Plan a consistent strategy with all staff to address each act of aggression.
- When aggression occurs, explain what is happening to the other children and reassure them that they are safe and the teacher will handle the situation.

COMMUNICATION / INTERACTION

- Adjust language to match the communication style of the child.
- Be sensitive to behaviour cues the child exhibits when s/he becomes anxious or agitated.
- Acknowledge each child’s feelings:
  - ___ express concern
  - ___ reflect feelings
  - ___ problem-solve
  - ___ give choices
  - ___ model appropriate ways to express feeling
  - ___ be aware of how adults express personal anger
- Consider what style of interaction the child is comfortable with:
  - ___ eye contact
  - ___ physical contact
  - ___ interpersonal space
  - ___ response time
  - ___ physical level
  - ___ loud/soft
  - ___ tone of voice, etc.
DURHAM BEHAVIOUR MANAGEMENT SERVICES

- Consider the individual needs of the child when offering assistance. Possible types include:
  - ___ step-by-step verbal guidance
  - ___ point to a sequence of pictures illustrating activity
  - ___ sing instructions
  - ___ adjust a schedule to allow a child to complete an activity independently.
  - ___ gentle guidance

- Use a communication approach that is most helpful for the child
  - ___ gestures
  - ___ concrete objects
  - ___ pictures
  - ___ songs and chants
  - ___ facial expressions
  - ___ role play
  - ___ symbols/written words
  - ___ signs, etc.

- If one child is using an alternative communication system, teach other children that system also.

**EXPECTATIONS**

- Activities should meet the developmental needs of children - not too hard, not too easy
  - ___ prepare for changes in schedules and routines
  - ___ teacher language appropriate to the level of the child

- When appropriate, allow child to
  - ___ be alone (but always supervised)
  - ___ observe
  - ___ listen rather than engage in speaking with others

- Be flexible in the length of time a child is expected to participate in a group.

- Include daily gross motor activities in group times
  - ___ stretches
  - ___ motor planning
  - ___ relaxation exercises
  - ___ adaptations according to each child’s comfort level experiences and ability
  - ___ tactile responsiveness, etc.

- Allow all children to participate in an activity by varying the degree of skill required to participate:
  - ___ introduce new activities or roles by using a variety of strategies
  - ___ model the behaviour
  - ___ encourage peer interaction
  - ___ play with the child
  - ___ introduce something familiar with something new

- Assess transitional factors that can affect behaviours:
  - ___ transitions too long
  - ___ transitions too frequent
  - ___ insufficient materials
  - ___ limited variation in activities
  - ___ groups too large
  - ___ insufficient teacher attention
  - ___ group times too long
  - ___ too many materials
**SCATTER PLOT**  
(Touchette, 1984)

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**Legend:**
Mark one line per incident ie:

- Aggression
- hitting, pushing, kicking

Week Of: **September 9—12, 2008**
Client Name: **Debbie R.**
Consultant: **Deanne Spalding**

Comments: ________________________________
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Legend:
Mark one line per incident.

Week Of: ____________________________  Comments: ____________________________
Client Name: ____________________________  ____________________________
Consultant: ____________________________  ____________________________
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>ANTECEDENT</th>
<th>BEHAVIOUR</th>
<th>CONSEQUENCES</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 3</td>
<td>10:15 am</td>
<td>Playing in drama centre with doll. Peer placed hat on doll.</td>
<td>B hit peer, took hat off doll and threw it into box, yelled at peer “its mine!”</td>
<td>Staff approached B. Stated that hitting was not OK, to use her words. B held doll, looking at staff then walked to kitchen</td>
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<tr>
<td></td>
<td></td>
<td>Describe the situation prior to the problem behaviour</td>
<td>Describe the problem behaviour in detail</td>
<td>Describe the exact response to the problem behaviour</td>
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<tr>
<td></td>
<td></td>
<td>Where was the child?</td>
<td>What happened?</td>
<td>Who responded to the behaviour and how?</td>
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<td></td>
<td></td>
<td>Who was present? (peer, parent, staff member, etc.)</td>
<td>To whom did it occur?</td>
<td>What was said in response to the behaviour?</td>
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<td></td>
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<td>What was the activity of everyone who was present?</td>
<td>How many times did it happen?</td>
<td>Was the person changed physically? (i.e. were they tired or excited?)</td>
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<td>Was there a conversation occurring?</td>
<td>How long did it last?</td>
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<td></td>
<td>Was something said to the child? (i.e; an instruction given?)</td>
<td>How intense was the behaviour/ event?</td>
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<td>Was there non-verbal interaction or specific body language communicating feelings?</td>
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<td>What was the physical state of the child?</td>
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<td>Where there any issues of importance to the child that may be related to the event? (i.e. something that happened earlier)</td>
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<td><strong>SAMPLE RECORDING</strong></td>
<td><strong>B</strong></td>
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<td>Function</td>
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<td><em>(child:B)</em></td>
<td><strong>B</strong></td>
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<td>Date</td>
<td>Time</td>
<td>ANTECEDENT</td>
<td>BEHAVIOUR</td>
<td>CONSEQUENCES</td>
<td>Function</td>
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<td>Describe the situation prior to the problem behaviour</td>
<td>Describe the problem behaviour in detail</td>
<td>Describe the exact response to the problem behaviour</td>
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<td>Office use only</td>
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DURHAM BEHAVIOUR MANAGEMENT SERVICES
BEHAVIOUR SUMMARY FORM

Name of Child: _________________________________________ Date: ______________   Completed By: ________________________

Does the Child have a diagnosed developmental delay?  Yes □  No □  If Yes, Explain:  ____________________________________________

<table>
<thead>
<tr>
<th>Behaviour(s)</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the problem behaviours? What do they look like? (observable and measurable)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often does it occur? Daily? Weekly? Number of times per day?</td>
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</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tbody>
<tr>
<td>How long does it last? 30 sec? 1 hr?</td>
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<table>
<thead>
<tr>
<th>Severity</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tbody>
<tr>
<td>How would you describe the level of severity?</td>
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<thead>
<tr>
<th>Discrimination</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tr>
<td>Does it happen with everyone? Everywhere?</td>
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<tr>
<th>Signs</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tr>
<td>What, if any, are the early signs that it is going to happen?</td>
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<tr>
<th>Why is the Behaviour a problem? Interfering with development/program participation / social interaction / etc?</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tr>
<th>When did it become a problem?</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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<tr>
<th>Has it Changed recently? How?</th>
<th>Behaviour 1</th>
<th>Behaviour 2</th>
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</table>

Please refer to one behaviour per column. Use additional pages if needed
Is there a group of behaviours that happen together? If so, what are they?

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<tr>
<th>Program History</th>
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<td>What has been tried before?</td>
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Page 2 of 2
CHILD CARE REFERRAL FORM – Child-Specific Consultation

Child’s Name ________________________________________ D.O.B ___________________
Child Care Centre _____________________________________________________________
Child Care Centre Address ______________________________________________________
Postal Code ____________ Telephone ___________________ Fax _____________________
Centre Contact Person _____________________________ Position _____________________
Primary staff working with child (if different from above) ________________________________

Will your centre commit to providing service during our involvement?    Yes _______ No ______
What room is the child in? _______________________________________________________
When will the child graduate to the next room? _______________________________________
What days / times does the child typically attend your centre? ___________________________

Have there been any significant changes to the child’s environment recently? Explain ________

In order to complete the intake process we must contact the parent / guardian to obtain required information. Please include the following information to enable us to complete the process:

Parent/Guardian ______________________________________________________________
Home # ____________________ Work # __________________ Cell # __________________

Parent/Guardian____________________________________________________________
Home # ____________________ Work # __________________ Cell # __________________
Address ____________________________________________________________________
____________________________________________________Postal Code _____________

Page 1 of 2
Please ensure the following information is completed and attached:

- Childcare Intake Referral Form (2 pages)
- Consent to Disclose Information Form (for your centre & any other agencies involved)
- Behaviour Summary Form (2 pages)
- Scatter Plots (minimum 1-2 weeks)
- ABC data (minimum 1-2 weeks)

At times, in addition to consultation from Durham Behaviour Management Services, you may also be receiving service from other agencies. We would like to work in cooperation with any other agency that consults with your centre in order to ensure that you have coordinated support for the issues you have identified. Please include signed consent forms indicating parental consent to share information between DBMS and each supporting agency.

<table>
<thead>
<tr>
<th>Agency Involved &amp; Contact Person</th>
<th>Date Involvement Began in your Centre</th>
<th>Consent Included</th>
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In order to ensure all staff have input and a clear understanding of recommendations, it may be necessary to arrange direct consultation with the child’s primary child care teacher(s). Please indicate the most convenient time for this meeting to occur while not supervising children.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

If you or the parent / guardian have any questions regarding our service, feel free to call our office for clarification at (905)668-4113 ex. 2829.
CONSENT TO DISCLOSE INFORMATION

I, _________________________________________ consent to the release and
(Name of parent / guardian)
receipt of observation, assessment and behaviour information for the purpose of
planning service delivery in respect of ______________________________________
(Child’s name & D.O.B)
between an authorized representative of the Region of Durham and
_______________________________________________________
(Agency name and address)

By signing this document I hereby consent to the Agency disclosing information in its
possession to an authorized representative of the Region of Durham for the purposes
set out above.

This consent is effective from the date of signing to the closure of service.

I fully understand the nature and purpose of this consent and have given my consent
and authorization voluntarily.

Dated at _______________________ this ___________ day of __________, 20____.
(city)             (date)                          (month)             (year)
______________________________       __________________________________
Signature of parent or guardian     Witness

THIS SECTION FOR SECOND CONSENTING PARENT / GUARDIAN ONLY

I, __________________________________________ am also the parent / guardian
(second parent / guardian)
of the above named child. I have read the consents and join in those consents.

Dated at _____________________ this ___________ day of ____________, 20____.
(city)           (date)                            (month)            (year)
_________________________________       ________________________________
Signature of second parent or guardian              Witness
Child Care Referral Form

GENERAL ROOM CONSULTATION - ONLY

Name of Centre: ___________________________________________ Date: ____________

Centre Address: _____________________________________________________________

Phone Number: ______________________________ Fax: ___________________________

Request made by: ______________________________ Position: _________________

Staff in Room: _______________________________________________________________

Age group of children in Room: _______________________________________________

How would you prefer recommendations be presented?

☐ To specific staff ☐ At a staff meeting ☐ To the supervisor

Describe the Presenting Behaviour Problems: ______________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is there a specific time in the day best for:

• Observing the problem behaviour? ________________________________
• The consultant to speak with the staff in the room? _________________________

What other agencies are currently consulting in this room? _________________________
________________________________________________________________________
________________________________________________________________________

Comments: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has data collection begun prior to request? ☐ yes ☐ no

Have any self evaluations been completed? ☐ yes ☐ no

Type? _____________________________________________________________________

Centre Supervisor’s Signature: __________________________Date:_________________