



Child Specific Consultation Referral Form

Child's name:

Child's D.O.B:

Name of centre:

Date of referral:

Centre Address:

Centre Phone number:

Centre Email:

Supervisor:

Parent/Guardian:

Home Address:

Home Phone number:

Secondary Phone number:

Home Email:

Secondary Email:

Staff and designation:

Enhanced Staff?

Room name, ratio and age group:

Does the child have a diagnosis? If yes, list:

When is the best time to observe the at-risk behaviour?

When is the best time to meet with staff in the room?

When will the child graduate to the next room?

Attendance/time in centre:

ELI in centre:

What types of recommendations or strategies has your ELI suggested prior to this referral?

If possible, please include copy of recommendations and strategies with this referral.



Behaviour Summary Form 1

Name of Child:

Completed by:

Date:	Behaviour Priority	Behaviour Secondary
Behaviour(s) What are the at-risk behaviours? What do they look like?		
Frequency How often does it occur? Daily? Weekly? Times per day?		
Duration How long does it last? One hour? 2-3 minutes?		
Severity Describe the level of severity? Mild? Moderate? Severe? Why?		
Discrimination Does it happen with everyone? Everywhere?		
Signs and triggers What are the early signs that the behaviour is going to happen?		
Why is the behaviour a problem? Interfere with development or program participation?		
When does the behaviour NOT happen?		
When did the behaviour become a problem? Any recent changes?		



Behaviour Summary Form 2

Is there a group of behaviours that happen together? A pattern? If so, what are they?

	What strategies have been tried prior to referral?	What was the result? Did they work? Not work? Why?
Behaviour Priority		
Behaviour Secondary		
Additional if needed		
Additional if needed		

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 collaboration with any other agency that consults with your centre, in order to ensure that you have co-ordinated support for the issues you have identified. Please include these agencies on the **Consent to Disclose Information** form as well as identify them in the table below. If you or the parent/guardian have any questions regarding out service, feel free to contact our office for clarification.

Agency Involved with Contact Person	Start of service date	Consent Included	
		Yes	No



Consent to Disclose Information Form

I, _____ consent to the release and receipt of observation, assessment and behaviour information for the purpose of planning services delivery in respect of _____ **between** an authorized representative of the Region of Durham and the following people or agencies checked below:

<input type="checkbox"/> *Childcare:	<input type="checkbox"/> Infant & Child Development
<input type="checkbox"/> Grandview Kids	<input type="checkbox"/> Kinark Child and Family Services
<input type="checkbox"/> Resources for Exceptional Children & Youth	<input type="checkbox"/> Lake Ridge Health Corporation
<input type="checkbox"/> School Board:	<input type="checkbox"/> Other:
<input type="checkbox"/> Children's Aid Society:	<input type="checkbox"/> Other:

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.

The 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____

Parent/guardian signature

Parent/Guardian signature

Witness signature

Witness signature

I/we the parent(s) of the above-mentioned child confirm that the following custody is in place:

Married Separated Joint Sole Other:

Please be advised that the confidential information regarding your family will be transported to and from appointments. I, _____ have read and understood the above notice and agree to have essential information transported as required by the behaviour consultant to provided service.

Date:

Signature: