



Durham Behaviour Management Services

General Room Consultation Form

Date:

Name of centre:

Address:

Phone number:

Email:

Supervisor:

Staff and designation:

Room name and age group:

How would you prefer recommendation be presented to the centre?

- To specific staff in the room during consultation visits
- To all centre staff at a staff meeting
- Directly to the supervisor

Describe the at-risk behaviour concerns in the room:

Are there multiple children involved?

- Yes. Approximately how many children:
- No. If this box is checked, please consider a Child Specific Referral.

When does the behaviour NOT happen?

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

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

ELI who is supporting centre:

Are there any other agencies providing support to this room? For what reason?

What types of strategies have been tried prior to this referral?

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

Contact us at Durham Behaviour Management Services, 605 Rossland Rd. E
Fax: 905-666-6226 or Email: behaviourmanagement@durham.ca

If this information is required in an accessible format, please contact 1-800-387-0642 ext. 2829.