



CHILDREN'S DEVELOPMENTAL & BEHAVIOURAL SUPPORTS  
**CHILD-SPECIFIC CONSULTATION FORM - Page 1 of 2**

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Child care centre: \_\_\_\_\_

Child care centre address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Primary staff working , include designation: \_\_\_\_\_

Does the child have a diagnosis? Yes \_\_\_\_ No \_\_\_\_ If yes, explain \_\_\_\_\_

When is the best time to observe the behaviours?: \_\_\_\_\_

When is the best time to meet with staff to discuss behaviours/strategies?: \_\_\_\_\_

What room is the child in?: \_\_\_\_\_

Number of children and ratio in room of staff to children: \_\_\_\_\_

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:*

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_



CHILDREN'S DEVELOPMENTAL & BEHAVIOURAL SUPPORTS  
**CHILD SPECIFIC CONSULTATION FORM - Page 2 of 2**

**Please ensure the following information is completed and faxed/emailed:**

- Childcare Intake Referral Form (*two pages*)
- Behaviour Summary Form (*two pages*)
- Consent to Disclose Information Form (one form with all agencies checked off)

*At times, in addition to consultation from Children's Developmental & Behavioural Supports, 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 signed consent forms indicating parental consent to share information between Children's Developmental & Behavioural Supports and each supporting agency.***

Agency Involved and Contact Person	Date Involvement Began in your Centre	Consent Included	
		Yes	No

**If you or the parent/guardian have any questions regarding our service, feel free to contact our office for clarification.**

***Children's Developmental & Behavioural Supports  
 605 Rossland Rd. E.  
 Level 1, P.O. Box 623  
 Whitby, Ontario L1N 6A3  
 or fax: 905-666-6226  
 Email: [behaviouralsupports@durham.ca](mailto:behaviouralsupports@durham.ca)***

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



CHILDREN'S DEVELOPMENTAL & BEHAVIOURAL SUPPORTS

**BEHAVIOUR SUMMARY FORM - Page 1 of 2**

Name of child: \_\_\_\_\_ Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Behaviour 1 - use one column for each behaviour

Behaviour 2

**Behaviour(s)**

What are the problem behaviours?  
What do they look like?  
(observable and measurable)

**Frequency**

How often does it occur? Daily?  
Weekly? Times per day?

**Duration**

How long does it last? One hr?

**Severity**

How would you describe the level  
of severity?

**Discrimination**

Does it happen with everyone?  
Everywhere?

**Signs and triggers**

What, if any, are the early signs  
that it is going to happen?

**Why is the behaviour a problem?**

Interfering with development or  
program participation, etc?

**When** does the behaviour not  
happen?

**When** did it become a problem?  
Any recent changes?

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**BEHAVIOUR SUMMARY FORM - Page 2 of 2**

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

**Program History**

Behaviour	What has been tried before?	What was the result? Why?

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## PROGRAM CHECKLIST Page 1 of 2

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

### **SOCIAL**

- Encourage children to listen to one another by modelling 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 behavioural 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, and 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 AND 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.

**PROGRAM CHECKLIST Page 2 of 2**

- 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 \_\_\_ gentle guidance
  - \_\_\_ adjust a schedule to allow a child to complete an activity independently
- 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, (e.g. 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 \_\_\_ relaxation exercises \_\_\_ motor planning
  - \_\_\_ 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 effect behaviours:
  - \_\_\_ transitions too long \_\_\_ transitions too frequent
  - \_\_\_ insufficient materials \_\_\_ too many materials
  - \_\_\_ limited variation in activities
  - \_\_\_ groups too large \_\_\_ group time too long
  - \_\_\_ insufficient teacher attention



Children's Services Division  
 Children's Developmental & Behavioural Supports

I, \_\_\_\_\_ consent to the release and receipt of observation,  
*(parent / guardian - please print )*

assessment and behaviour information for the purpose of planning service delivery in respect of

\_\_\_\_\_  
*(child's name & DOB and family members)*

**between** an authorized representative of the Region of Durham and the following people or agencies checked below:

<input type="checkbox"/> Children's Aid Society Durham	<input type="checkbox"/> Lake Ridge Health Corporation
<input type="checkbox"/> Infant & Child Development	<input type="checkbox"/> Resources For Exceptional Children & Youth
<input type="checkbox"/> Kinark Child and Family Services	<input type="checkbox"/> Grandview Children's Centre
<input type="checkbox"/> School Board - _____	<input type="checkbox"/> Durham ABA Services
<input type="checkbox"/> Child Care Centre - _____	<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.

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)*

\_\_\_\_\_  
*(signature of parent or guardian)*

\_\_\_\_\_  
*(witness)*

I/we the parent(s) of the above mentioned child, confirm that we have the following custody in place:  
 Married  Separated  Joint Custody  Sole Custody  Other \_\_\_\_\_

Please be advised that 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 behavioural consultant to provide service. Date \_\_\_\_\_ Signature \_\_\_\_\_

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