

DOÑA ANA COUNTY HEAD START
Child Behavior Observation Summary & Referral Form

Child's Name: _____	DOB: __/__/__	
Referred by: _____	Center: _____	Date: _____

A. Mark areas of concern that **significantly affect** the child's classroom experiences. Rate your concern as **(H) High**, **(M) Moderate** or **(S) Some**. If you are not sure, **do not** mark it.

<input type="checkbox"/> Anxious	<input type="checkbox"/> Attendance	<input type="checkbox"/> Activity Level	<input type="checkbox"/> Biting	<input type="checkbox"/> Clingy	<input type="checkbox"/> Crying	<input type="checkbox"/> Cursing
<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Difficulty with transition	<input type="checkbox"/> Hitting	<input type="checkbox"/> Kicking	<input type="checkbox"/> Nonparticipation in activities		
<input type="checkbox"/> Frustration threshold	<input type="checkbox"/> Over-aggressive	<input type="checkbox"/> Passive/non-responsive	<input type="checkbox"/> Seems sad	<input type="checkbox"/> Separation anxiety		
<input type="checkbox"/> Short attention span	<input type="checkbox"/> Spitting	<input type="checkbox"/> Tantrums	<input type="checkbox"/> Throwing objects	<input type="checkbox"/> Trouble sharing		
<input type="checkbox"/> Other: _____						

B. Teacher input for addressing problem behavior(s).

1. Describe the specific behavior(s) of concern using measurable terms: (Example: Rather than "Lisa picks fights," describe the actions and frequency: "Lisa demonstrates aggressive behavior towards other children at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from other children, and by using verbal commands and name-calling.")

2. Describe what happened immediately **before** the behavior occurred: (Example: "Before Lisa exhibits aggressive behavior, all children were being cued for transition time: hand washing, circle time, etc.")

3. Describe **what you did** when you became aware of the behavior(s): (Example: "I engaged Lisa in a positive verbal interaction before I cued the rest of the children.")

4. When is the behavior most, least, or unlikely to occur? Mark each as **(M) More likely, (L) Least likely** or **(U) Unlikely**.

On a particular day of the week? Monday Tuesday Wednesday Thursday

At a particular time(s) of the day, such as snack, transition, meal time, nap, independent play, circle time?
If so, please specify when? _____

When interacting with certain people, individuals or groups, such as after a weekend with non-custodial parent?
If so, with whom? _____

Under specific environmental conditions, such as outdoors? If so, where? _____

When physically tired, hungry or not feeling well? If so, which? _____

C. Check any strategies/interventions/techniques that you have used ***prior to this point*** to address the behavioral concerns and assist the child in meeting behavioral expectations:

Visual / verbal cues Use of frequent praise Peer/buddy coaching Provided opportunities for success

Acknowledged appropriate responses Divided tasks into smaller portions Built on student's strengths

Provided child leadership role Immediate feedback Ignored the behavior offered options/choices

Manipulatives Modeled appropriate behavior Promoting positive Teacher/Student interaction

Utilized defusing tactics Exercised emotional self-restraint Promoted family involvement

Changed physical environment (seating, grouping, room arrangement)

How many rounds of universal interventions have been implemented? _____ Per day for _____ weeks.

Please document how child responded to intervention strategies implemented above: _____

PLEASE PROVIDE DOCUMENTATION TO SUPPORT ANY & ALL STRATEGIES/INTERVENTIONS/TECHNIQUES.

D. Other pertinent information:

1. List any changes you are aware of in the child's life: (Example: recent divorce/separation of parents, new residence, death in family, birth of sibling, new person in home, etc.)

2. How has the child's behavior(s) affected the classroom environment?

Two horizontal lines for writing the answer to question 2.

3. How does/has the child's behavior *make you fee*

Two horizontal lines for writing the answer to question 3.

4. What have you discussed with parent regarding the mental health and/or behavior concerns of their child?

Two horizontal lines for writing the answer to question 4. Below the lines, the text reads: **Please provide dates and results** of parent/teacher discussion(s) specifically held to address behavioral concerns. Below this text are three rows, each starting with a date format: ___/___/___ followed by a horizontal line for notes.

Please complete and forward Child Behavior Observation Summary and Referral form to Mental Health Specialist with the following **documentation attached**:

___ ***Copy of Child Observations***

___ ***Copy of Anecdotal Notes***

___ ***Documentation to support Universal Interventions implemented***

Signature of Referring Individual

Date

To Be Completed By Mental Health Specialist Only:

Date Received: _____ Documentation Attached: ___Y ___N Documentation Needed: _____

Mental Health Observation Scheduled: ___/___/_____