Request Form

- Positive Outcomes Program (POP)

A program of Children's Inclusion Support Services (CISS) 600 - 700 Industrial Avenue, Ottawa, Ontario K1G 0Y9 Tel.: 613-736-1913, ext. 270 - Fax: 613-736-8378

pop-ciss@afchildrensservices.ca

Child Care Program	n:					
Director:						
Address:						
Telephone:			E-mail:			
OR						
Home Child Care A	gency:					
Director / Home Ch	nild Care Consult	ant:				
Telephone:			E-mail:			
Home Child Care P	rovider:					
Address:						
Telephone:			E-mail:			
Child's Name:	(First)			(Last)		
	,			` '		
Date of Birth: Month / Day / Year		Sex:				
Identify group:	infant toddler	preschool home child ca	· ·			
Identify the days o	f the week that t	he child attends	M T W ½ days Full		F	
Child has attended	the child care p	rogram since:				

DESCRIPTION

1a. Identify the challenging behaviours.
1b. Has the child's behaviours caused any physical harm? Yes No Who has been harmed? The child Other children Member(s) of the teaching team Comments:

2a. How often do challenging behaviours occur? If data is available please submit with your request.

Challenging Behaviours	Not at all	# of times / month	# of time / week	# of times / day	# of times / hour
Kicking					
Punching					
Slapping					
Biting					
Pinching					
Hair Pulling					
Verbal Abuse					
Smearing					
Spitting					
Self-Stimulation					
Vomiting/ Regurgitation					
Damage to Property					
Running Off					
Constant Questioning					
Repetitive Phrases					
Obsessions					
Ritualistic Behaviours					
Screaming					
Non-Compliance/ Withdrawal					
Other:					

2b. How intense are the challenging behaviours? If data is available please submit with your request.

Challenging Behaviours	Not at all	Somewhat Powerful	Powerful	Very Powerful	Extremely Powerful
Kicking					
Punching					
Slapping					
Biting					
Pinching					
Hair Pulling					
Verbal Abuse					
Smearing					
Spitting					
Self-Stimulation					
Vomiting/ Regurgitation					
Damage to Property					
Running Off					
Constant Questioning					
Repetitive Phrases					
Obsessions					
Ritualistic Behaviours					
Screaming					
Non-Compliance/ Withdrawal					
Other:					

2c. How long do the behaviours last? If data is available please submit with your request.

Challenging Behaviours	Under 1 Minute	Under 15 Minutes	Under 30 Minutes	Under 60 Minutes	Over 60 Minutes
Kicking					
Punching					
Slapping					
Biting					
Pinching					
Hair Pulling					
Verbal Abuse					
Smearing					
Spitting					
Self-Stimulation					
Vomiting/ Regurgitation					
Damage to Property					
Running Off					
Constant Questioning					
Repetitive Phrases					
Obsessions					
Ritualistic Behaviours					
Screaming					
Non-Compliance/ Withdrawal					
Other:					

3. When and where are the challenging behaviours most likely to occur?

arrival	sieep	transitions
departure	snack	circle
free play	lunch	structured activities
outdoor play	gym	dressing and undressing
toileting	other	

4. Who is present when the challenging behaviours are most likely to occur?

parents/guardians other children member(s) of the teaching team other

5.	What happens before the challenging	ng behaviours occur?	
6.	What strategies have been used to i	respond to the challenging be	haviours?
7.	What is the perceived function of th	ne challenging behaviours?	
	adult attention access to a toy access to specific person	avoid a task avoid a person other children's attention	access an activity continue established play other
8.	When is the child most successful?		
	In the event that a family require (Crossroads, Centre psychosocial or		a referral to the appropriate agency y the Director.
	Director's Signature	 Date	