

Crossroads Head Start/Early Head Start  
Behavior Reflection Summary # \_\_\_\_\_

B-5 Confidential

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Center/Class: \_\_\_\_\_/\_\_\_\_

**Concerning Behavior Description**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Breakfast    | <input type="checkbox"/> Lunch          |
| <input type="checkbox"/> Large Group  | <input type="checkbox"/> Small Group    |
| <input type="checkbox"/> Playground   | <input type="checkbox"/> Bathroom Break |
| <input type="checkbox"/> Transitions  | <input type="checkbox"/> Work Time      |
| <input type="checkbox"/> Other: _____ |   |

Time: \_\_\_\_\_

**Trigger: Please Select**

Unknown _____	Sharing _____
Frustrated _____	Sick _____
Hungry _____	Limits _____
Sensory _____	Other _____

**Behavior:**

- ☐ Non-Compliant
- ☐ Aggression
- ☐ Tantrum
- ☐ Self-Harm (Describe)

**Redirection:**

Choices _____	Offered Food/Drink _____
Safe Place _____	Held in Lap _____
Calm Music _____	Location Change _____
Deep Breathing _____	Removed Students _____
Sensory _____	Other _____

**Description:** \_\_\_\_\_

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- |                                       |   |
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Choices _____	Offered Food/Drink _____
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**Description:** \_\_\_\_\_

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\*Please use a second form and attach if more than two incidents occur in one day.

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**Teacher Reflection**

**Conflict Resolution Strategies: Mark all that were used:**

- ☐ Use of I Statements
- ☐ Used gentle body language
- ☐ Specific about the source of the problem
- ☐ Focused on the present and the future
- ☐ Focused on the problem
- ☐ Focused on the children's needs and interest
- ☐ Listened carefully to both sides of the issue

**Describe in detail the steps that could be taken to prevent a reoccurrence of the behavior:**

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**What do you need at this time? Mark all that apply.**

- ☐ MHDC Observation
- ☐ MHDC Consultation
- ☐ Conscious Discipline Strategies and Resources
- ☐ Classroom Materials: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**\*Teacher reflection is completed once at the end of the day.**

**Parent Communication Follow Up**

**Date of Discussion:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time:** \_\_\_\_\_

**Method:**

- ☐ Phone
- ☐ In Person

**Topics Discussed:**

- ☐ Behavior at school
- ☐ Behavior at home
- ☐ Changes at home
- ☐ Changes in Health
- ☐ Family Needs (Financial, Counseling, Other)
- ☐ Concerns about development

**Parents Reaction:**

- ☐ Angry
- ☐ Sad
- ☐ Indifferent
- ☐ Helpful

**Parent Response:**

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**Comments/Extra Notes:**

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Teacher Signature: \_\_\_\_\_

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

- ☐ B-2 Handout *Teaching Self Discipline: Setting Limits for Young Children* given to parent.  
(After 3<sup>rd</sup> Behavior Reflection Summary)

Center Director Signature: \_\_\_\_\_

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

MHDC Signature: \_\_\_\_\_

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