

Observation Toolkit for Mental Health Consultants

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The Teaching Pyramid Observation Tool Short Form included in this toolkit is a modification of the Teaching Pyramid Observation Tool (TPOT). While the TPOT has strong psychometric properties, the psychometric properties were based on the original version of the TPOT and thus, are not applicable to the version used in this toolkit. The version included here is designed for training purposes only and not for research.



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Introduction

The **Observation Toolkit** is designed to help mental health consultants work with early childhood programs to evaluate and implement the Teaching Pyramid Model. Mental health consultants can play a variety of roles in supporting programs as they implement the Teaching Pyramid Model. First, they could help programs develop a program wide plan for implementation. This would involve working with a program leadership team to develop and implement a plan. Second, they could work with individual teachers to implement the practices in their classroom. In this case, they would be serving in the role of a coach for the teacher. Finally, the MHC might go into a program to develop a plan for an individual child or group of children whose behavior is not responsive to the developmentally appropriate practices in the classroom. It is also possible that the MHC could be serving in more than one of these roles with any given program.

The Observation Toolkit includes materials and strategies that can be used in these various roles. In order to determine how to assist programs in implementing the Teaching Pyramid, the MHC should consider the extent to which the program has the critical elements in place to support the implementation of the Pyramid, the teachers' implementation of the practices, the challenging behavior of all children in a classroom, and the challenging behavior of a target child. It will be important to be able to measure implementation at the program and teacher level as well as to have strategies for collecting data on child behavior to guide supports around groups of or individual children. The Toolkit includes tools for each of those purposes:

- A checklist to support programs in determining the extent to which they have the policies and procedures in place support the implementation of the Teaching Pyramid in the program.
- An observational checklist for measuring how well the teacher is implementing the Pyramid.
- An observational system for assessing the overall incidences of challenging behavior in a classroom.
- An observational system for collecting information on the challenging behavior of an individual child.
- An observational system for collecting information on the engagement of the children in the classroom.

In addition, the toolkit includes suggestions for how to use the information gained from these tools to support programs, teachers, and children.



Program Wide Implementation Elements: Benchmarks of Quality

The *Benchmarks of Quality* is designed to help programs evaluate their progress towards implementing the Teaching Pyramid Model. A consultant might use this tool in three ways. First, if a program is just beginning to implement the Teaching Pyramid Model, the consultant may use the *Benchmarks* as a way of helping the program identify and evaluate the extent to which the policies and procedures necessary for implementing the Teaching Pyramid model program wide are in place. Second, if a program has already begun implementing the Teaching Pyramid, the consultant may use the *Benchmarks* to help the program evaluate its progress. Finally, if a program reports difficulty with implementing the Teaching Pyramid or requests a large amount of support around children with persistent problem behavior, the consultant may use the *Benchmarks* to help problem-solve these issues and identify program-level technical assistance needs. The *Benchmarks of Quality* is not designed to be used as a one point in time assessment. Rather it should be dynamic and should be used on an ongoing basis to assess program progress and to action plan.

The *Benchmarks* should be completed by a behavior support or leadership team at the program in collaboration with the Mental Health Consultant. The *Benchmarks* can be used to guide a discussion about the program's progress and goals. The mental health consultant might find it helpful to observe or "spot-check" certain essential elements of implementation. The mental health consultant may also speak with teachers or families to assess their use of and involvement in the Teaching Pyramid Model. Items that may best be assessed by brief discussions with teachers and families are linked to suggested questions (see page 5).

A reproducible *Benchmarks* form, case example, and sample completed checklist are provided on the following pages.

Program Readiness Checklist: Adopting the Teaching Pyramid Model Program-Wide

Adapted from Early Childhood Program-Wide PBS Benchmarks of Quality (Fox, Hemmeter, & Jacks, 2010)

Program Name: _____ Date: _____

Team Members Completing Form: _____

ESSENTIAL ELEMENTS	Not In Place	Needs Work	In Place
BEHAVIOR SUPPORT TEAM			
1. A behavior support team includes a teacher, administrator, and a member with expertise in behavior support.			
2. Administrator supports the adoption of the Teaching Pyramid model.			
3. Behavior support team meets at least monthly.			
4. Behavior support team has a written action plan.			
STAFF BUY IN			
5. Staff input is solicited prior to adopting the Teaching Pyramid model.			
6. Formal methods for getting staff feedback are in place (coffee break with director, comment box, polls, focus groups, etc.).			
7. Time is provided to teachers for team meetings, planning with colleagues, and communicating with families.			
FAMILY INVOLVEMENT			
8. Family input is solicited prior to adopting the Teaching Pyramid model.			
9. Information about the model is shared with families in multiple ways (letters, parent meetings, conferences).			
10. Families receive information on promoting their child's social-emotional development. Strategies include newsletters, pamphlets, home visits, open houses.			
PROGRAM WIDE EXPECTATIONS			
11. A few positively stated expectations are in place (3-5 expectations).			
12. Expectations are posted in classrooms and common areas.			
PROCEDURES FOR RESPONDING TO PROBLEM BEHAVIOR			
13. Procedures are in place for responding to crisis situations.			
14. Teachers know how and when to initiate the behavior support planning process.			
15. Teachers are an active part of the behavior support planning process. They collect data, contribute ideas on plan strategies, and implement the plan.			
16. Families are an active part of the behavior support planning process. They collect data and contribute ideas on behavior support strategies for the community, home, and classroom.			
STAFF SUPPORT PLAN			
17. A plan for ongoing technical assistance and professional development on the Teaching Pyramid is in place. The plan is implemented.			
18. A needs assessment is used to identify training needs.			
MONITORING IMPLEMENTATION AND OUTCOMES			
19. A process for measuring implementation is developed and used (e.g., the TPOT is collected regularly in each classroom).			
20. A process for measuring outcomes is developed and used (e.g., data on child behavior are collected).			
21. Data are used for program-planning and improvement.			



Suggested Questions to Accompany the Benchmarks:

Items 1-4: Does your program have a behavior support team? Who is on the team? How often does the team meet? Is there a written description of their roles and their tasks?

Items 5-7: Did anyone ask for your opinions about the Teaching Pyramid before your program adopted it? Have you had a chance to give your opinions and ideas about using the Teaching Pyramid in your program? Do you have time to meet with other professionals and families about the Teaching Pyramid and behavior support issues?

Items 8-10: Did families have input in the selection of your behavior approach (Teaching Pyramid)? What kind of information do you share with families about how they can support their child's social emotional development?

Items 11-12: What are your program's behavior expectations? How do you make sure everyone knows them?

Items 13-16: What do you do if a child has severe and persistent problem behavior? What is your role in developing and implementing a behavior plan for that child? How are families involved?

Items 17-18 (ask administrator or behavior support team): Can you describe what kind of training and support teachers/caregivers receive around the Teaching Pyramid? What kind of feedback do you receive?

Items 19-21: Does an administrator or coach measure how teachers are using Teaching Pyramid practices? Do you collect data on children's social skills and behavior? How do you use the data?



Benchmarks of Quality: Adopting the Teaching Pyramid Model Program-Wide

Adapted from Early Childhood Program-Wide PBS Benchmarks of Quality (Fox, Hemmeter, & Jacks, 2010)

Program Name: Oak Grove Head Start Date: 11/15/2009

Team Members Completing Form: Jennie, teacher; Issac, assistant teacher; Norma, parent; Donna, mental health consultant; Cathy, director; Gerr, education coordinator

ESSENTIAL ELEMENTS	Not In Place	Needs Work	In Place
BEHAVIOR SUPPORT TEAM			
1. A behavior support team includes a teacher, administrator, and a member with expertise in behavior support.			X
2. Administrator supports the adoption of the Teaching Pyramid model.			X
3. Behavior support team meets at least monthly.			X
4. Behavior support team has a written action plan.			X
STAFF BUY IN			
5. Staff input is solicited prior to adopting the Teaching Pyramid model.		X	
6. Formal methods for getting staff feedback are in place (coffee break with director, comment box, polls, focus groups, etc.).	X		
7. Time is provided to teachers for team meetings, planning with colleagues, and communicating with families.		X	
FAMILY INVOLVEMENT			
8. Family input is solicited prior to adopting the Teaching Pyramid model.	X		
9. Information about the model is shared with families in multiple ways (letters, parent meetings, conferences).			X
10. Families receive information on promoting their child's social-emotional development. Strategies include newsletters, pamphlets, home visits, open houses.			X
PROGRAM WIDE EXPECTATIONS			
11. A few positively stated expectations are in place (3-5 expectations).			X
12. Expectations are posted in classrooms and common areas.		X	
PROCEDURES FOR RESPONDING TO PROBLEM BEHAVIOR			
13. Procedures are in place for responding to crisis situations.			X
14. Teachers know how and when to initiate the behavior support planning process.			X
15. Teachers are an active part of the behavior support planning process. They collect data, contribute ideas on plan strategies, and implement the plan.		X	
16. Families are an active part of the behavior support planning process. They collect data and contribute ideas on behavior support strategies for the community, home, and classroom.		X	
STAFF SUPPORT PLAN			
17. A plan for ongoing technical assistance and professional development on the Teaching Pyramid is in place. The plan is implemented.	X		
18. A needs assessment is used to identify training needs.	X		
MONITORING IMPLEMENTATION AND OUTCOMES			
19. A process for measuring implementation is developed and used (e.g., the TPOT is collected regularly in each classroom).		X	
20. A process for measuring outcomes is developed and used (e.g., data on child behavior are collected).		X	
21. Data are used for program-planning and improvement.	X		



CASE EXAMPLE: Oak Grove Head Start

Donna is the mental health consultant at Oak Grove Head Start. In the past, she has spent most of her time providing direct therapeutic services to children and meeting with families. Oak Grove's administrator, Cathy, attended training on the Teaching Pyramid with Donna two years ago. Cathy was very enthusiastic after training and built a strong school-based Behavior Support Team. Lately she has been struggling with staff-buy in. She has seen a large increase in behavior referrals over the past year. She has asked Donna to gather some information from the staff and to begin developing some staff training and support programs.

Donna began by joining the behavior support team's monthly meeting in November. Donna asked about the team's action plan. The team reported that they had focused their efforts on educating teachers about the behavior referral process. The team explained that many teachers had complained of feeling overwhelmed by many incidences of high challenging behavior, and this seemed like a good way to provide teachers some help in the classroom. Now the team feels overwhelmed by referrals and teachers feel no less stress.

The team reviews the *Benchmarks* to help them assess Oak Grove's needs. Donna has asked the staff some questions to help her provide input to the team. During two of her classroom consultations she takes some time to ask a few of the questions listed on page 5. Teachers responded:

- “No, I don't remember anybody asking us about using the Pyramid. I just remember Cathy coming back from training and putting ‘expectation posters’ in our mailboxes. She said it was a new campaign we were starting, and we had to hang them up in our rooms.”
- “My assistant drives the bus, so we don't have time to meet.”
- “I don't think we asked parents for any input before we started the Teaching Pyramid. We do talk to them about social emotional stuff at parent meetings, and we send home all sorts of newsletters and brochures. We also do the DECA twice a year.”
- “When kids have severe behavior, we let Cathy know. We can call her anytime. We also have a special signal to let her know if there's an emergency. She starts a referral to the behavior support team. Then Cathy or someone from central office will come in and observe. They give us ideas to try. They take care of meeting with parents if it comes to that.”
- “Cathy comes in my room all the time, but I don't think she's measuring anything. We have an open-door. She drops by whenever.”
- “We collect a lot of data on kids' behavior and social skills. We do the DECA twice a year, and so do parents.”

The team used this information to update the *Benchmarks*. They concluded that Oak Grove's behavior support team had, in fact, done a good job of helping teachers know how to initiate the behavior support process. However, it seemed that Oak Grove had implemented the Pyramid upside down: the administration and teachers were paying attention to the “top of the pyramid” without establishing a firm foundation. The team decides they need to find time for a full-staff training to get staff-buy in before going further. They also decide to use the TPOT as a needs-assessment and monitoring tool in each classroom. They will work with teachers to develop individual professional development plans around the Pyramid Practices.



The Pyramid Infant Toddler Observation Scale (TPITOS)—Short Form

The *TPITOS-Short Form* is based on the *TPITOS* (Hemmeter, Carta, Hunter & Strain, 2009) and is an observation tool designed to help mental health consultants learn more about how adult behavior and the design of the child care classroom environment support the social emotional development of infants and toddlers (ages 0 to 3). A consultant might use the *TPITOS-Short Form* to give adults feedback on teacher's strategies that are working well and on things that could be improved in their child care classroom environments. A case example and sample completed *TPITOS-Short Form* are provided on the following pages.

In order to complete this measure, the consultant should observe for at least two hours. This time should include arrival, snack or meal time, and activities when adults are interacting with infants or toddlers around toys, games etc. At least three children should be present during the observation. Based on the entire observation, the observer would score each item by assigning a score from 1 (never) to 4 (almost always). The *TPITOS-Short Form* can be completed while focusing on the behavior of an individual caregiver or all caregivers in a classroom. If the consultant needs data on the classroom as a whole, the items should be scored based on all adults in the classroom. For the purposes of professional development, the consultant might want to collect information on individual teachers. In this case, the consultant could use a different *TPITOS-Short Form* for each adult or could use different colored pens to rate multiple adults on one form.

Higher scores are preferable on all items except items 17, 19, and 21, where lower scores are preferable. Items 17, 19, and 21 are shaded.

If the observer is interested in conducting a more detailed observation, contact Mary Louise Hemmeter (ml.hemmeter@vanderbilt.edu) to obtain the entire *TPITOS*.

A reproducible *TPITOS-Short Form*, case example, and sample completed *TPITOS-Short Form* are provided on the following pages.

TPITOS—Short Form

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____ Age Range of Children Present: _____

Score each item based on how often it occurs, using the following rubric:

1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

	Never	Rarely	Sometimes	Almost Always
1. A variety of developmentally appropriate toys and materials are available.	1	2	3	4
2. Duplicates of highly preferred toys are available or toys that can be used by multiple children at the same time are available.	1	2	3	4
3. Environment is arranged so that children can easily access materials, toys and/or other activities.	1	2	3	4
4. There is evidence of materials or activities that were designed to honor the different cultural/linguistic background of individual children and families in the program.	1	2	3	4
5. Routines are predictable for toddlers.	1	2	3	4
6. Infants and young toddlers have individualized schedules (i.e., diapering, feeding, and napping when needed rather than as a group).	1	2	3	4
7. Children have opportunities to make choices throughout the day (e.g., "this book or this book").	1	2	3	4
8. Adults attend to (e.g., comfort, hold) children who are distressed.	1	2	3	4
9. Adults talk to individual children.	1	2	3	4
10. Adults follow the child's lead when engaged in interaction (e.g., adults talk about what the child is doing, interact with the child around a toy or play activity the child has selected; allow the child to direct the play and its pace)	1	2	3	4
11. Adults acknowledge and appropriately respond to children's verbal and non-verbal cues.	1	2	3	4
12. Adults promote interactions between toddlers in the context of classroom activities and routines.	1	2	3	4
13. Adults talk about emotions.	1	2	3	4
14. Adults tell children what to do rather than what not to do.	1	2	3	4
15. When children are disengaged (e.g., wandering, sitting without a toy), adults help children find something to do.	1	2	3	4
16. Interactions between adults (e.g., families and co-workers) are respectful and positive.	1	2	3	4
17. When problem behaviors occur, adults use punitive practices (e.g., ignoring the child, using timeout; asking the parent to take the child home; ridiculing the child; speaking in a harsh tone; yelling; pointing out the child's behavior to other adults or children).	1	2	3	4
18. Adults use redirection with toddlers to engage children in more appropriate behaviors.	1	2	3	4
19. Adults use flat affect when talking with infants and toddlers.	1	2	3	4
20. Adults refer to children by name.	1	2	3	4
21. Adults speak harshly to children.	1	2	3	4
22. There is evidence of regular communication with families about the individual needs of their children.	1	2	3	4
23. Children seem happy and content and are engaged in exploring their environment.	1	2	3	4
24. Adults seem happy.	1	2	3	4



CASE EXAMPLE: TPITOS—Short Form

Teacher's Name: Sarah Smith Program Name: Hill Child Care

Date of Observation: 11/30/08 Time of Observation: 8:00 am - 10:30 am

of Adults Present: 2 # of Children Present: 8 Age Range of Children Present: 10-18 mths

Score each item based on how often it occurs, using the following rubric:

1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

	Never	Rarely	Sometimes	Almost Always
1. A variety of developmentally appropriate toys and materials are available.	1	2	3	4
2. Duplicates of highly preferred toys are available or toys that can be used by multiple children at the same time are available.	1	2	3	4
3. Environment is arranged so that children can easily access materials, toys and/or other activities.	1	2	3	4
4. There is evidence of materials or activities that were designed to honor the different cultural/linguistic background of individual children and families in the program.	1	2	3	4
5. Routines are predictable for toddlers.	1	2	3	4
6. Infants and young toddlers have individualized schedules (i.e., diapering, feeding, and napping when needed rather than as a group).	1	2	3	4
7. Children have opportunities to make choices throughout the day (e.g., "this book or this book").	1	2	3	4
8. Adults attend to (e.g., comfort, hold) children who are distressed.	1	2	3	4
9. Adults talk to individual children.	1	2	3	4
10. Adults follow the child's lead when engaged in interaction (e.g., adults talk about what the child is doing, interact with the child around a toy or play activity the child has selected; allow the child to direct the play and its pace)	1	2	3	4
11. Adults acknowledge and appropriately respond to children's verbal and non-verbal cues.	1	2	3	4
12. Adults promote interactions between toddlers in the context of classroom activities and routines.	1	2	3	4
13. Adults talk about emotions.	1	2	3	4
14. Adults tell children what to do rather than what not to do.	1	2	3	4
15. When children are disengaged (e.g., wandering, sitting without a toy), adults help children find something to do.	1	2	3	4
16. Interactions between adults (e.g., families and co-workers) are respectful and positive.	1	2	3	4
17. When problem behaviors occur, adults use punitive practices (e.g., ignoring the child, using timeout; asking the parent to take the child home; ridiculing the child; speaking in a harsh tone; yelling; pointing out the child's behavior to other adults or children).	1	2	3	4
18. Adults use redirection with toddlers to engage children in more appropriate behaviors.	1	2	3	4
19. Adults use flat affect when talking with infants and toddlers.	1	2	3	4
20. Adults refer to children by name.	1	2	3	4
21. Adults speak harshly to children.	1	2	3	4
22. There is evidence of regular communication with families about the individual needs of their children.	1	2	3	4
23. Children seem happy and content and are engaged in exploring their environment.	1	2	3	4
24. Adults seem happy.	1	2	3	4



CASE EXAMPLE: TPITOS—Short Form

Reason for Referral to Mental Health Consultant:

The director of Hill Child Care Center, Mrs. Travis, became concerned when two parents, separately, asked if their children could be moved out of Ms. Smith's classroom and into another teacher's room. The parents reported that Ms. Smith's room was "too chaotic," and their children were crying much of the day. Ms. Smith was a new teacher that had only been hired a couple months ago, but Mrs. Travis had thought that Ms. Smith's classroom environment was very nurturing and was supportive of young children's development. Mrs. Travis decided to ask a mental health consultant, Sofia Lopez, for help.

Mental Health Consultant's Observation and Recommendation:

The mental health consultant, Sofia Lopez, did an observation in Ms. Smith's child care classroom on Tuesday from 8:00 a.m. to 10:30 a.m. Ms. Smith, her assistant, and eight children between the ages of 10 and 18 months were present during the observation. Sofia was able to see many of the children's arrivals, as well as breakfast, free play, music, two art activities, and snack time.

Sophia completed the *TPITOS-Short Form* during her observation. Ms. Smith reported that the observation period was "typical" of other mornings in her classroom.

Sophia observed that Ms. Smith and her assistant appeared to have a good relationship with all of the children in the classroom (items 8-11; 19-21). They responded to children's verbal and nonverbal cues, talked to every child and called each by his/her name, and followed children's leads during most adult-child interactions. Overall, adult affect and tone of voice was positive toward the children.

Sophia also examined the behavior of Ms. Smith and her assistant (items 7, 12-18). She noticed that when problem behavior occurred the adults tried to redirect children toward more appropriate activities and told children what to do, instead of what not to do. Children were given many opportunities to make choices about what they wanted to do (e.g., this song or this song during music, paint or crayons during art activities). When children wandered around the classroom with nothing to do, adults also tried to reengage children in activities. Interactions between Ms. Smith and her assistant were very respectful and positive. Two things that Sophia noted only occurring sometimes were adults promoting interactions between children and adults discussing emotions.

Sophia also noted that children often wandered around the classroom, looking for something to do. She felt that this could be the result of the arrangement and design of the classroom environment (items 1-6, & 23). There were limited toys and activities available, and toys were not easily accessible to children. Children often wanted to play with the same toy, and there were no duplicates of children's favorite toys. This often resulted in children grabbing toys from one another and having meltdowns when not everyone could play with the same toy. Additionally, all children were on the same schedule. Although adults almost always responded to children's verbal and nonverbal cues, it appeared that some children were hungry or tired before snack and naptime, and would have benefited from eating or sleeping based on their individual needs.



Ms. Smith's classroom has a lot of strengths, including adult-child relationships, adult behavior, and adult-adult interactions. The *TPITOS-Short Form* indicated that there are some areas that could be strengthened, including the arrangement and design of the classroom, promotion of interactions between children, and discussion of emotions. Focusing on the arrangement and design of the classroom environment, in particular, will likely help the children become more engaged in exploring activities, and free adults from having to respond to child problem behavior (e.g., meltdowns because of toy unavailability, wandering). This may also help adults feel more content and make the environment appear less "chaotic."

To help strengthen Ms. Smith's classroom in the above areas, Sophia referred Mrs. Travis and Ms. Smith to the *Center on Social and Emotional Foundations for Early Learning's Infant Toddler Module 2 on Responsive Routines, Environments, and Strategies to Support Social Emotional Development in Infants and Toddlers*. (www.vanderbilt.edu/csefel/inftodd.html#mod1)



Teaching Pyramid Observation Tool for Preschool Classrooms (TPOT)—Short Form

The *Teaching Pyramid Observation Tool for Preschool Classrooms (TPOT)-Short Form* is based on the Teaching Pyramid Observation Tool (Hemmeter, Fox, & Snyder, 2009) and is an observation tool designed to help mental health consultants learn more about how well teacher behavior and the design of the preschool classroom environment support the social emotional development of children, ages two to five years. A consultant might use the *TPOT-Short Form* to give teachers feedback on strategies that were working well and things that could be improved in their classroom. The *TPOT-Short Form* is a subset of the items from the TPOT and thus, does not have the psychometric properties of the full *TPOT*. It is designed to assist mental health consultants in identifying professional development needs in the classroom. It is not designed to be used as a tool for research. High scores on the *TPOT-Short Form* do not necessarily indicate that the teacher is using the *TPOT* model with fidelity. The complete *TPOT* should be used when that is the purpose of the observation. Contact Lise Fox (fox@fmhi.usf.edu) to obtain the entire *TPOT*.

The *TPOT-Short Form* is completed during an observation of a preschool classroom. A preschool classroom includes children between the ages of two and five. To conduct the observation, the lead teacher should be identified. The observation should last at least two hours and include observation of at least one teacher directed group activity **and** centers **or** a free play activity. When doing an observation, the observer should time the length of teacher directed activities in order to understand the proportion of the day that is spent in teacher directed versus child directed activities.

Generally, items should be scored based on the behavior of all adults in the classroom. However, when there is a discrepancy between behavior of the lead teacher and the behavior of other staff, the item should be scored based on the lead teacher's behavior (e.g., if the lead teacher's tone in conversations with children is primarily negative and the assistant's tone is positive, score the item based on the lead teacher's behavior). If the goal of the observation is to provide professional development to a specific teacher, the items should be scored based on that adult's behavior.

A score of "YES" on items 1 through 7 is desirable. Higher scores are preferable on all other items, except for items 10, 22, 23, & 30, where lower scores are more preferable.

A reproducible *TPOT-Short Form*, case example, and sample completed *TPOT-Short Form* are provided on the following pages.

TPOT—Short Form

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Activities Observed: _____

Start of Observation: _____ End of Observation: _____ # Adults Present: _____ # Children Present: _____

1.	Learning centers have clear boundaries (physical).	YES	NO
2.	The classroom is arranged such that all children in the classroom can move easily around the room.	YES	NO
3.	The classroom is arranged such that there are no large, wide open spaces where children could run.	YES	NO
4.	There is an adequate number and variety of centers of interest to children and to support the number of children (at least 4 centers; 1 center per every 4 children).	YES	NO
5.	Materials in all centers are adequate to support the number of children allowed to play.	YES	NO
6.	Materials/centers are prepared before children arrive at the center or activity.	YES	NO
7.	Classroom rules or program-wide expectations are posted, illustrated with a picture or photo of each rule or expectation, limited in number (3-5), and stated positively (all have to be true to score a yes).	YES	NO
8.	A visual schedule for the day is posted with pictures.	YES	NO

Score each item based on how often it occurs, using the following rubric:

1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

9.	Teacher directed activities are less than 20 minutes.	1	2	3	4
10.	Transitions are chaotic.	1	2	3	4
11.	During transitions, all children are actively engaged, including children who are waiting for the next activity.	1	2	3	4
12.	Teachers have conversations with children about children's interests and ideas.	1	2	3	4
13.	Teachers' tone in conversations with children is positive, calm, and supportive.	1	2	3	4
14.	Teachers join in children's play.	1	2	3	4
15.	Children are reminded of posted behavior expectations.	1	2	3	4
16.	Teachers are prepared for activities before the children arrive at the activity.	1	2	3	4
17.	Children are engaged during group activities	1	2	3	4
18.	Teachers assist individual children in selecting activities and in becoming engaged.	1	2	3	4
19.	Teachers comment on children's appropriate behavior, skills, or activities.	1	2	3	4
20.	Teachers tell children what to do rather than what not to do.	1	2	3	4
21.	Teachers adapt group directions to give additional help to children who need more support.	1	2	3	4
22.	Children are reprimanded for engaging in problem behavior (teacher says, "no," "stop," "don't").	1	2	3	4
23.	Children are threatened with an impending negative consequence that will occur if problem behavior persists.	1	2	3	4
24.	Teachers support children in learning to manage their anger.	1	2	3	4
25.	When children have problems, teachers help children generate solutions.	1	2	3	4
26.	Teachers support children in learning how to solve problems.	1	2	3	4
27.	Teachers encourage interactions between children during play or activities.	1	2	3	4
28.	Teachers help children enter into and maintain interactions with peers.	1	2	3	4
29.	Emotions are discussed in the classroom.	1	2	3	4
30.	Teachers reprimand children for expressing their emotions.	1	2	3	4
31.	There is evidence of regular communication with families about the individual needs of their children.	1	2	3	4
32.	Interactions between adults (e.g., lead teacher, families, and co-workers) are respectful and positive.	1	2	3	4
33.	Children seem happy and content and are engaged in exploring their environment.	1	2	3	4
34.	Teachers and other adults (e.g., families and volunteers) seem happy.	1	2	3	4

35. What percentage of the observation was spent in teacher-directed activities? _____



CASE EXAMPLE: TPOT—Short Form

Teacher's Name: Ms. Juarez Program Name: Cherry Lane Preschool
 Date of Observation: 12/01/08 Activities Observed: Centers, large group, free play
 Start of Observation: 8:30 am End of Observation: 10:45 am # Adults Present: 2 # Children Present: 15

1.	Learning centers have clear boundaries (physical).	<input checked="" type="radio"/> YES	<input type="radio"/> NO
2.	The classroom is arranged such that all children in the classroom can move easily around the room.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
3.	The classroom is arranged such that there are no large, wide open spaces where children could run.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
4.	There is an adequate number and variety of centers of interest to children and to support the number of children (at least 4 centers; 1 center per every 4 children).	<input type="radio"/> YES	<input checked="" type="radio"/> NO
5.	Materials in all centers are adequate to support the number of children allowed to play.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
6.	Materials/centers are prepared before children arrive at the center or activity.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
7.	Classroom rules or program-wide expectations are posted, illustrated with a picture or photo of each rule or expectation, limited in number (3-5), and stated positively (all have to be true to score a yes).	<input checked="" type="radio"/> YES	<input type="radio"/> NO
8.	A visual schedule for the day is posted with pictures.	<input type="radio"/> YES	<input checked="" type="radio"/> NO

Score each item based on how often it occurs, using the following rubric:

1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

9.	Teacher directed activities are less than 20 minutes.	1	<input checked="" type="radio"/> 2	3	4
10.	Transitions are chaotic.	1	2	3	<input checked="" type="radio"/> 4
11.	During transitions, all children are actively engaged, including children who are waiting for the next activity.	1	<input checked="" type="radio"/> 2	3	4
12.	Teachers have conversations with children about children's interests and ideas.	1	2	3	<input checked="" type="radio"/> 4
13.	Teachers' tone in conversations with children is positive, calm, and supportive.	1	2	3	<input checked="" type="radio"/> 4
14.	Teachers join in children's play.	1	2	3	<input checked="" type="radio"/> 4
15.	Children are reminded of posted behavior expectations.	1	2	<input checked="" type="radio"/> 3	4
16.	Teachers are prepared for activities before the children arrive at the activity.	1	2	3	<input checked="" type="radio"/> 4
17.	Children are engaged during group activities	1	2	<input checked="" type="radio"/> 3	4
18.	Teachers assist individual children in selecting activities and in becoming engaged.	1	2	<input checked="" type="radio"/> 3	4
19.	Teachers comment on children's appropriate behavior, skills, or activities.	1	2	<input checked="" type="radio"/> 3	4
20.	Teachers tell children what to do rather than what not to do.	1	<input checked="" type="radio"/> 2	3	4
21.	Teachers adapt group directions to give additional help to children who need more support.	1	2	<input checked="" type="radio"/> 3	4
22.	Children are reprimanded for engaging in problem behavior (teacher says, "no," "stop," "don't").	1	<input checked="" type="radio"/> 2	3	4
23.	Children are threatened with an impending negative consequence that will occur if problem behavior persists.	1	<input checked="" type="radio"/> 2	3	4
24.	Teachers support children in learning to manage their anger.	1	<input checked="" type="radio"/> 2	3	4
25.	When children have problems, teachers help children generate solutions.	1	<input checked="" type="radio"/> 2	3	4
26.	Teachers support children in learning how to solve problems.	1	<input checked="" type="radio"/> 2	3	4
27.	Teachers encourage interactions between children during play or activities.	1	2	3	<input checked="" type="radio"/> 4
28.	Teachers help children enter into and maintain interactions with peers.	1	2	3	<input checked="" type="radio"/> 4
29.	Emotions are discussed in the classroom.	1	2	3	<input checked="" type="radio"/> 4
30.	Teachers reprimand children for expressing their emotions.	<input checked="" type="radio"/> 1	2	3	4
31.	There is evidence of regular communication with families about the individual needs of their children.	1	2	3	<input checked="" type="radio"/> 4
32.	Interactions between adults (e.g., lead teacher, families, and co-workers) are respectful and positive.	1	2	3	<input checked="" type="radio"/> 4
33.	Children seem happy and content and are engaged in exploring their environment.	1	2	<input checked="" type="radio"/> 3	4
34.	Teachers and other adults (e.g., families and volunteers) seem happy.	1	2	<input checked="" type="radio"/> 3	4

35. What percentage of the observation was spent in teacher-directed activities? 50%



CASE EXAMPLE: TPOT—Short Form

Reason for Referral to Mental Health Consultant:

Ms. Juarez is concerned because she had to ask her preschool director, Ms. Appleton, for help several times during the past month because of children’s behavior problems in the classroom. Ms. Juarez reported that many of the children in her classroom have trouble listening and do not follow directions when she asks them to do something. Ms. Appleton asked the mental health consultant, Sam McGuire, to help them resolve the children’s behavior problems.

Mental Health Consultant’s Observation and Recommendation:

The mental health consultant, Sam McGuire, did an observation in Ms. Juarez’s preschool classroom on Wednesday morning from 8:30 a.m. to 10:45 a.m. Ms. Juarez, her assistant, and 15 children were present during the observation. Sam was able to observe free play, centers, large group, and snack time.

Sam completed the *TPOT-Short Form* during his observation. Ms. Juarez reported that the observation period was “typical” of other mornings in her classroom.

Sam observed the way that Ms. Juarez arranged her classroom environment (items 1-8). Her learning centers had clear boundaries, children could move easily around the room, there were no wide open spaces where children could run, classroom rules were stated positively and were posted with pictures, the number of materials were adequate for all children to play/engage in activities, and materials were prepared before children arrived to centers. There were only two centers though and the children appeared to become disengaged with each center rather quickly. Additionally, there was no visual schedule posted so children would know what to expect next during the day.

Sam observed many aspects of Ms. Juarez’ and her assistant’s behavior (items 9-11, 17-18, 35). Teacher directed activities represented about 50% of the observation. Large group lasted 45 minutes, and center time was also partially teacher directed; many children were not engaged. Transition time was very chaotic and most children were not engaged during transitions either. Both large group and transition time were often times when challenging behavior was observed (e.g., not listening, not following directions). Teachers sometimes tried to help children select activities and become engaged. Most directions were given to the whole class with limited support for individual children.

In terms of responding to and preventing some of children’s challenging behavior (items 15, 19-23), children were sometimes reminded of behavior expectations and teachers sometimes commented on children’s appropriate behavior. Children were often told what not to do, instead of what to do, and directions were only sometimes individualized to children who needed more support. Teachers often reprimanded children for engaging in challenging behavior and threatened them with negative consequences.



In terms of supporting children’s emotional literacy and interactions with peers (items 24, 27-30), teachers supported children in interacting with peers; emotions were often discussed in the classroom and children were supported in discussing their own emotions. Teachers did not provide support for managing anger, however.

Teachers did not support children in generating solutions to solve problems during Sam’s observation (items 25-26).

Sam also observed aspects of the teachers’ relationships with children, with one another, and with other adults (items 12-14, 31-34). Ms. Juarez and her assistant had conversations with children about children’s ideas and interests. Teachers’ tone in conversations with both children and adults was generally positive and supportive. Teachers also joined in children’s play during free play.

In summary, Ms. Juarez’s classroom has a variety of strengths in which to build upon, including many of the classroom environmental arrangements, relationships with children and other adults, and support of children’s emotional literacy and social skills. Areas where the classroom could use more support include: having a visual schedule posted so children know what to expect (this may help with transitions), better transition preparation and transition time activities (e.g., singing songs, marching, etc.), an increased number of centers, as well as higher interest centers, a better balance between teacher and child directed activities, individualized strategies for helping children follow directions, and modified strategies to respond to challenging behavior (telling children what to do, instead of what not to do; redirection towards more appropriate behavior, etc.). Ms. Juarez may also want to consider incorporating activities to help children learn to generate solutions to solve everyday problems (e.g., what to do when a friend wants to play with the same toy) and learn to manage feelings of anger. Strengthening these areas should help decrease the occurrence of challenging behavior in the classroom, while also helping both the adults and children feel happier.

To provide Ms. Juarez, her assistant, and Ms. Appleton with guidance in the above areas, Sam referred them to the *Center on Social and Emotional Foundations for Early Learning’s Module 1: Promoting Children’s Success: Building Relationships and Creating Supportive Environments* (www.vanderbilt.edu/csefel/preschool.html). The “turtle technique” in *Module 2: Social Emotional Teaching Strategies* will be helpful for teaching anger management. Module 2 also contains a section on teaching children to solve problems.



Classroom Behavior Record Templates

The *Classroom Behavior Record Templates* can be used to monitor the overall prevalence of challenging behavior in an early childhood classroom. Daily data sheets can be used to identify patterns: Which times of day are most problematic? Are certain routines or activities consistently problematic? Do any children stand out as requiring additional support around behavior? Which behaviors are most frequent?

Mental health consultants can use the *Classroom Behavior Record* as a template. Each template can be individualized by adding children's names and editing the template to reflect a classroom's daily schedule. There are three versions of the *Classroom Behavior Record*:

- *Classroom Behavior Record—Target Behavior Form*: This form allows the mental health consultant to track instances of specific behaviors across children and times of day. The template shows how to collect data on three types of problem behavior: Aggression, Disruption, and Disrespect. The consultant may adapt this form to reflect common problem behaviors in each classroom.
- *Classroom Behavior Record—Behavior Tally Form*: This form is similar to the *Target Behavior Form*. Rather than collecting data on specific behaviors, however, the consultant would simply tally the number of problem behaviors that occurred during each activity for each child. This form does not allow the consultant or teacher to identify patterns in types of problem behaviors, but it can be used to collect data quickly and easily.
- *Classroom Behavior Record—Program-Wide Expectations Form*: This form is especially useful in programs that have developed and implemented program-wide expectations. Unlike the other two forms, the *Program-Wide Expectations Form* focuses on the occurrence of positive behaviors. During a classroom visit, the mental health consultant may use this form to track expectations that each student meets during particular routines. This form can be used to identify patterns across children, expectations, and times of day. Adaptations:
 - This form may also be used to track violations of program-wide expectations.
 - Mental health consultants may also use this form to collect data on how often teachers comment on children's appropriate behavior and how often teachers link behavior to program-wide or classroom expectations. To use the form in this manner, the consultant would observe the classroom and tally the number of comments the teacher makes to each student regarding specific expectations.

Reproducible forms, case examples, and sample completed forms are provided on the following pages.



CASE EXAMPLE 1

Marilyn, the mental health consultant for Toole County Head Start, has received a mental health referral for Kim Taylor's preschool classroom. Ms. Taylor has reported concerns with several students' behavior. Marilyn decides she should start by collecting some data on the overall frequency of behavior in the classroom. Because she has worked with Ms. Taylor in the past and knows several of these children from their Early Head Start classrooms, she knows that several behaviors may be occurring at high rates. She decides she would get the most meaningful data by tracking instances of specific behavior: aggression, disruptions, and disrespect. She spends two hours in the classroom on a Monday morning. She observed Arrival, Group, and Centers. Her data are shown in **Sample Data Sheet 1**.

Marilyn and Ms. Taylor sit down after school to look at the data. Together they look for patterns. They conclude that there seems to be a problem with disruption during Group Time. They brainstorm some possible solutions: shortening Group Time, adding more interactive activities, and noticing positive behaviors. They also notice that several girls had an extended episode of disrespectful behaviors toward peers during Centers (taking toys, calling names, etc.). Marilyn suggests that they continue to monitor this situation and consider re-teaching friendship skills (e.g., see the Center on the Social and Emotional Foundations for Early Learning's *Module 2: Social-Emotional Teaching Strategies* for teaching friendship skills, www.vanderbilt.edu/csefel/briefs/wwb4.html). Finally, they notice that Nikki seems to have disruptive behaviors across the day. She had tantrums during every transition. They brainstorm transition strategies that may help Nikki and continue to monitor her behavior. To help with transition time, Marilyn and Kim discuss the *Helping Children Make Transitions between Activities* handout (www.vanderbilt.edu/csefel/briefs/wwb4.html) and *What Works Training Kit #4* on transitions (www.vanderbilt.edu/csefel/kits/wwbtk4.pdf).

CASE EXAMPLE 2

Sandra is a new mental health consultant at Rosa Parks Childcare. She has spent a considerable amount of time building rapport with the teachers and consulting with them about specific children. Daisy confides to Sandra that she feels overwhelmed by behavior in her classroom. She says the end of the day is chaotic, and it is embarrassing to have parents come in to pick their children up when the children are out of control. Sandra offers to visit the classroom at the end of nap, stay through the end of the day, and help brainstorm ideas. Because Sandra has not spent much time in Daisy's room she does not know what behaviors to expect, so she chooses to spend her observation time collecting information on the challenging behaviors that occur. Her data are shown on **Sample Data Sheet 2**.

The data indicated that Zach and Veronica were exhibiting the majority of the problem behaviors. Based on the observation, Sandra determined that Zach and Veronica were often engaging in problem behavior when they were wandering around the classroom without anything to do. While other children were not necessarily engaging in problem behavior, many of the children were unengaged. She helped Daisy brainstorm some ideas to keep all children more engaged during the afternoon freeplay and departure time. Together they determine that there needs to be more



SAMPLE DATE SHEET 1: Classroom Behavior Record—Target Behavior Form

Staff: Kim Taylor

Date: Dec 3

Directions: Write each child’s name in the left column. During each portion of the day, record instances of challenging behavior. For the first instance of a particular behavior, write the initial for that behavior in the box. For the second instance of behavior, circle the letter. Note additional instances of behavior.

P = Physical Aggression (hitting, kicking, scratching, biting, pushing, etc.)

D = Disruption (yelling, screaming, noise with materials, tantrums)

R = Disrespect (taking someone else’s toy, teasing, cursing, not following directions, etc.)

Child’s Name	TIME OF DAY/ACTIVITY							
	Arrival	Group	Centers	Snack	Small Group	Outside	Rest	Depart
Anton	R	DPR	P					
Braylon	R	DR						
Casey								
Cassidy		D	R					
Destiny			R					
Emili			RP					
Fiona			R					
Gorge	R	DD						
Hannah								
Inez		D						
Jason								
KeShawn								
Layla								
Monty								
Nikki	DD	DDD	DDDD					
Octavius								
Penelope			RR					
Q’Darius		D						
Reggie								
Scott								



structure to this time of the day. In order to add structure, they decide that there will be a limited number of table top activities, one teacher will rotate around the tables to support the children’s engagement, and the other teacher will be available to prepare children for departure. They also decide to give Zach and Veronica a job during this time of the day to help keep them engaged.

SAMPLE DATE SHEET 2: Classroom Behavior Record—Tally Form

Staff: Daisy Date: Mar 13

Directions: Write each child’s name in the left column. For each portion of the day, write a tally mark in the corresponding box each time a child engages in a problem behavior.

Child’s Name	TIME OF DAY/ACTIVITY							
	Arrival	Group	Centers	Snack	Small Group	Outside	Rest	Free Play & Depart
Zach							LL	LLLHLL
Ysabelle								L
Xavier								L
Wayne								
Veronika							L	LHHL
Tate								
Shawn								
Rachell								

CASE EXAMPLE 3

Chante has been providing mental health consultation to Southwestern Regional Head Start for the past 5 years. During this time, Southwestern has adopted the Teaching Pyramid program-wide and has developed three program-wide expectations: Be Safe, Be Responsible, and Be a Team Player. Teachers have posted these expectations in their rooms and talk about them frequently. During the past few staff meetings, Chante has noticed several teachers sharing their frustrations about high levels of challenging behavior in the classroom. At the staff meetings, Chante always tries to speak up and reframe the behavior positively. After discussing the situation with the area manager, Chante decides to start tracking the level of *positive* behavior in classrooms. Her data are shown on **Sample Data Sheet 3**

During one classroom visit per month, Chante takes a data sheet and a timer. Since she can’t have a timer that makes noise in the classroom, she sets her cell phone on “Snooze Alarm” so it vibrates in her pocket every 20 seconds. She lists each child’s name down the left side of the page



and sets her cell phone. When her cell phone vibrates, she looks at the first child on the list and puts a 1 if the child is meeting the expectations and a 0 if the child is not meeting expectations. The next time her cell phone vibrates, she looks at the second child on the list. This continues across the observation period.

When Chante and Regina sit down to look at the data, they can both see that only two children seem to have consistent problems meeting expectations: Chandler and Tate. It also looks like children have a difficult time meeting expectations at the end of Group Time. Chante and Regina talk about ways to make Group Time more engaging and appropriate for this group of children. Together they look over *Creating Teaching Tools for Young Children* (www.challengingbehavior.org/do/resources/tools.htm) and identify strategies they could use when children do not want to stay at Group Time.

CASE EXAMPLE 4

Chante has been providing mental health consultation to Southwestern Regional Head Start for the past five years. During this time, Southwestern has adopted the Teaching Pyramid program-wide in all of its centers and has developed three program-wide expectations: Be Safe, Be Respectful, and Be a Team Player. As Chante has worked with teachers across the various centers, she has realized that although all teachers have the expectations posted on their walls, very few mention the expectations on a daily basis. She and the area managers decided that it would be good to help the teachers focus on the ways they use positive language in the classroom. Chante decided to start by taking data on the number of times a teacher praises a child for behaviors related to program-wide expectations. She observed in Miss Alice's room from 8am-10am. The data from Miss Alice's room are shown in **Sample Data Sheet 4**.

Chante and Miss Alice sat down after school to look at the data. Miss Alice immediately saw a pattern: she was usually commenting on a few children for meeting expectations. Chante added that she noticed this was usually feedback for being respectful or being safe. Miss Alice also noticed that there were some children she never provided feedback to for meeting expectations. Chante and Alice brainstormed some solutions. They decided to set a goal that Alice would increase her use of descriptive feedback for meeting expectations and provide feedback to each child at least once per day (e.g., see www.vanderbilt.edu/csefel/modules-archive/module1/handouts/3.pdf for examples of ways to provide positive feedback to children). Chante agreed she would come back and collect data once per week.



SAMPLE DATE SHEET 3: Classroom Behavior Record—Program-Wide Expectations

Staff: Regina

Date: Feb 23

Directions: Write each child’s name in the left column. Whenever a child engages in a positive behavior (meets an expectation) during a specific routine, write the letter indicating which expectation was met. Each box may contain multiple letters.

S = SAFE—Walked in the hall, kept feet on the floor

T = TEAM PLAYER—Helped another child, cleaned up his/her mess, came to group activity

R = RESPECTFUL—Followed directions, used polite language, listened when others talked

Child’s Name	TIME OF DAY/ACTIVITY							
	Arrival	Group	Centers	Snack	Small Group	Outside	Rest	Depart
Omar	//		//		/			
Desiree	//		//		/			
Chandler	0	/	10		0			
Callie	/	/	//		/			
Leslie	/	0	//					
Malcom	/	0	//					
Tate	0	0	0	/				
Sydney	/	/	/	/				
Kristopher	/	/	/	/				
Lynee	/	/	0	/				
Wynn	/	/	/	/				
Parker	/	0	/	/				
Sarah	/	0	/	/				
Catalina	/	0	/	/				
Alessandra	/		//	/				
Antonio	/		//	/				
Sayid	/		//	/				
Amina	/		10		/			
Kelsey	/		//		/			
Xaviar	0	/	//		/			



SAMPLE DATE SHEET 4: Classroom Behavior Record—Program-Wide Expectations

Staff: Alice

Date: Mar 2

Directions: Write each child’s name in the left column. Whenever a child engages in a positive behavior (meets an expectation) during a specific routine, write the letter indicating which expectation was met. Each box may contain multiple letters.

S = SAFE—Walked in the hall, kept feet on the floor

T = TEAM PLAYER—Helped another child, cleaned up his/her mess, came to group activity

R = RESPECTFUL—Followed directions, used polite language, listened when others talked

Child’s Name	TIME OF DAY/ACTIVITY							
	Arrival	Group	Centers	Snack	Small Group	Outside	Rest	Depart
Omar								
Desiree			TR	ST				
Chandler								
Callie		R		SR				
Leslie								
Malcom	T			S				
Tate								
Sydney	S							
Kristopher								
Lynee								
Wynn								
Parker								
Sarah								
Catalina		R	R	RRSS				
Alessandra		S						
Antonio								
Sayid		SR						
Amina								
Kelsey								
Xaviar								



Behavior Incident Report: Home and School

B*ehavior Incident Reports* can be used to collect information on an individual child's behavior. Mental health consultants can use these reports to inform the functional assessment planning process, identify possible reasons and responses to problem behavior, or document each instance of challenging behavior for program-wide data monitoring and support.

There are two forms available in this toolkit:

- *Behavior Incident Report—Home or School*: This is an easy-to-use form for collecting data on a child's challenging behavior across settings. The observer may be a mental health consultant, teacher, or family member. The person completing the form should observe the child for at least three hours across a variety of routines. A separate form should be completed for each instance of challenging behavior, so it will be necessary to print several copies before each observation. For the best results, several different individuals should observe the child on several occasions. When sufficient data have been collected, the behavior support team should meet to look for patterns in the data (When do most behaviors occur? What happened before the behaviors? What happened after?)
- *Behavior Incidence Report—School*: This form is most applicable to school or childcare settings. It should be used to document instances of challenging behavior. These forms may be collected across time to monitor child outcomes.

Reproducible *Behavior Incident Report* forms, case examples, and sample completed data sheets are provided on the following pages.

Behavior Incident Report—Home or Classroom (Fox, Binder, Liso, & Duda, 2010)

Child's Name: _____ Date: _____

Activity: _____ Observer: _____

What did the behavior look like?

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Aggression (hitting, kicking, biting) | <input type="checkbox"/> Noncompliance (not following directions, saying "No") | <input type="checkbox"/> Unsafe Behaviors |
| <input type="checkbox"/> Verbal Aggression (yelling, cursing, screaming) | <input type="checkbox"/> Running away from group or activity | <input type="checkbox"/> Tantrum |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other (describe): |

What happened before?

- | | | |
|--|---|--|
| <input type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Others playing nearby | <input type="checkbox"/> Changed/ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Others entered child's play area | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Told "No", "Don't", "Stop" | <input type="checkbox"/> Attention given to others | |

What happened after?

- | | | |
|---|--|--|
| <input type="checkbox"/> Given social attention | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Given assistance/help |
| <input type="checkbox"/> Given an object/ activity/food | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Removed from activity/area | <input type="checkbox"/> Put in "time out" | |
| <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Ignored | |

Purpose of Behavior

TO GET OR OBTAIN:

- Activity
- Object
- Person
- Help
- Attention
- Food
- Place
- Other:

TO GET OUT OF OR AVOID:

- Activity
- Object
- Person
- Demand/Request
- Attention
- Food
- Place
- Transition
- Other:

Notes:

Are there other setting events or lifestyle influences that may be affecting the child's behavior?

- | | | |
|---|---|---|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Absence of a person | <input type="checkbox"/> Extreme change in routine |
| <input type="checkbox"/> Uncomfortable clothing | <input type="checkbox"/> Loud noise | <input type="checkbox"/> Family/home stress or change in living situation |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Lack of sleep | |
| <input type="checkbox"/> Medication side effects | <input type="checkbox"/> Unexpected loss or change in activity/object | |

Behavior Incident Report—School (Fox, Binder, Liso, & Duda, 2010)

Child's Initials/Code: _____ Program: _____

Date: _____ Time of Occurrence: _____ Referring Staff: _____

Behavior Description: _____

Problem Behavior (check most intrusive)		
<input type="checkbox"/> Aggression	<input type="checkbox"/> Inappropriate language	<input type="checkbox"/> Running away
<input type="checkbox"/> Self injury	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Property damage
<input type="checkbox"/> Stereotypic Behavior	<input type="checkbox"/> Teasing	<input type="checkbox"/> Unsafe behaviors
<input type="checkbox"/> Disruption/Tantrums	<input type="checkbox"/> Social Withdrawal/ Isolation	<input type="checkbox"/> Other _____
Activity (check one)		
<input type="checkbox"/> Arrival	<input type="checkbox"/> Meals	<input type="checkbox"/> Departure
<input type="checkbox"/> Classroom jobs	<input type="checkbox"/> Quiet time/Nap	<input type="checkbox"/> Clean-up
<input type="checkbox"/> Circle/Large group activity	<input type="checkbox"/> Outdoor play	<input type="checkbox"/> Therapy
<input type="checkbox"/> Small group activity	<input type="checkbox"/> Special activity/Field trip	<input type="checkbox"/> Individual activity
<input type="checkbox"/> Centers/Workshops	<input type="checkbox"/> Self-care/Bathroom	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Transition	
Others Involved (check all that apply)		
<input type="checkbox"/> Teacher	<input type="checkbox"/> Family Member	<input type="checkbox"/> Peers
<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Support/ Administrative staff	<input type="checkbox"/> None
<input type="checkbox"/> Therapist	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other _____
Possible Motivation (check one)		
<input type="checkbox"/> Obtain desired item	<input type="checkbox"/> Obtain sensory	<input type="checkbox"/> Avoid sensory
<input type="checkbox"/> Obtain desired activity	<input type="checkbox"/> Avoid task	<input type="checkbox"/> Don't know
<input type="checkbox"/> Gain peer attention	<input type="checkbox"/> Avoid peers	<input type="checkbox"/> Other _____
<input type="checkbox"/> Gain adult attention	<input type="checkbox"/> Avoid adults	
Strategy/Teacher Response (check the most intrusive)		
<input type="checkbox"/> Verbal reminder	<input type="checkbox"/> Time with other adult in different classroom	<input type="checkbox"/> Time Out
<input type="checkbox"/> Curriculum modification	<input type="checkbox"/> Family contact	<input type="checkbox"/> Physical guidance
<input type="checkbox"/> Move within group	<input type="checkbox"/> Loss of item/privilege	<input type="checkbox"/> Physical hold/ restrain
<input type="checkbox"/> Remove from activity	<input type="checkbox"/> Time with support staff	<input type="checkbox"/> Other _____
<input type="checkbox"/> Remove from area		
Administrative Follow-up (check one or most intrusive)		
<input type="checkbox"/> Non-applicable	<input type="checkbox"/> Arrange behavioral consultation/team	<input type="checkbox"/> Transfer to another program
<input type="checkbox"/> Talk with child	<input type="checkbox"/> Reduce hours in program	<input type="checkbox"/> Dismissal
<input type="checkbox"/> Contact family	<input type="checkbox"/> Targeted group intervention	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family meeting		

Comments:



CASE EXAMPLE: Behavior Incident Report

Brian is a four year old child in Mrs. Brennan's preschool classroom. This is his second month in preschool and he has been having a lot of trouble following directions at school. Last week he began having tantrums, which were reportedly very disruptive to the entire classroom. Mrs. Brennan completed a *Behavior Incidence Report* after Brian had his fifth tantrum in her classroom this week. She and the preschool director decided to ask the mental health consultant, Grady Bloom, if he could help them determine why Sam was having so much trouble in school.

As part of his assessment of Brian, the mental health consultant, Grady Bloom, asked Mrs. Brennan to complete *Behavior Incident Reports* for each of Brian's behaviors over several days. Grady wanted the chance to observe Brian as well, so he recorded his observations of Brian on another occasion, using additional Behavior Incident Reports.

Three sample completed incident reports are illustrated on the following pages.



CASE EXAMPLE: Behavior Incident Report—Home or CLASSROOM

Child's Name: Brian Spearman Date: 10/15/08 9:35 am

Activity: Centers to Large Group Observer: Mrs. Brennan

What did the behavior look like?

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Aggression (hitting, kicking, biting) | <input checked="" type="checkbox"/> Noncompliance (not following directions, saying "No") | <input type="checkbox"/> Unsafe Behaviors |
| <input type="checkbox"/> Verbal Aggression (yelling, cursing, screaming) | <input type="checkbox"/> Running away from group or activity | <input type="checkbox"/> Tantrum |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other (describe): |

What happened before?

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Others playing nearby | <input type="checkbox"/> Changed/ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Others entered child's play area | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Told "No", "Don't", "Stop" | <input type="checkbox"/> Attention given to others | |

What happened after?

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Given social attention | <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Ignored |
| <input type="checkbox"/> Given an object/activity/food | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Given assistance/help |
| <input type="checkbox"/> Removed from activity/area | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Other (describe): |
| | <input checked="" type="checkbox"/> Put in "time out" | |

Purpose of Behavior

<p>TO GET OR OBTAIN:</p> <input type="checkbox"/> Activity <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Help <input type="checkbox"/> Attention <input type="checkbox"/> Food <input type="checkbox"/> Place <input type="checkbox"/> Other:	<p>TO GET OUT OF OR AVOID:</p> <input type="checkbox"/> Activity <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Demand/Request <input type="checkbox"/> Attention <input type="checkbox"/> Food <input type="checkbox"/> Place <input checked="" type="checkbox"/> Transition <input type="checkbox"/> Other:	<p>Notes:</p>
---	---	---------------

Are there other setting events or lifestyle influences that may be affecting the child's behavior?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Absence of a person | <input type="checkbox"/> Extreme change in routine |
| <input type="checkbox"/> Uncomfortable clothing | <input type="checkbox"/> Loud noise | <input checked="" type="checkbox"/> Family/home stress or change in living situation |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Lack of sleep | |
| <input type="checkbox"/> Medication side effects | <input type="checkbox"/> Unexpected loss or change in activity/object | |



CASE EXAMPLE: Behavior Incident Report—Home or CLASSROOM

Child's Name: Brian Spearman Date: 10/16/08 9:35 am

Activity: Centers to Large Group Observer: Grady Bloom

What did the behavior look like?

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Aggression (hitting, kicking, biting) | <input checked="" type="checkbox"/> Noncompliance (not following directions, saying "No") | <input type="checkbox"/> Unsafe Behaviors |
| <input type="checkbox"/> Verbal Aggression (yelling, cursing, screaming) | <input type="checkbox"/> Running away from group or activity | <input type="checkbox"/> Tantrum |
| <input type="checkbox"/> Destroying Property | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other (describe): |

What happened before?

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Told or asked to do something | <input type="checkbox"/> Others playing nearby | <input type="checkbox"/> Changed/ended activity |
| <input type="checkbox"/> Removed an object | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Object out of reach |
| <input type="checkbox"/> Not a preferred activity | <input type="checkbox"/> Others entered child's play area | <input type="checkbox"/> Child requested something |
| <input type="checkbox"/> Difficult task/activity | <input type="checkbox"/> Moved activity/location to another | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Told "No", "Don't", "Stop" | <input type="checkbox"/> Attention given to others | |

What happened after?

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Given social attention | <input type="checkbox"/> Punished or scolded | <input type="checkbox"/> Ignored |
| <input type="checkbox"/> Given an object/activity/food | <input type="checkbox"/> Request or demand withdrawn | <input type="checkbox"/> Given assistance/help |
| <input type="checkbox"/> Removed from activity/area | <input type="checkbox"/> Request or demand delayed | <input type="checkbox"/> Other (describe): |
| | <input checked="" type="checkbox"/> Put in "time out" | |

Purpose of Behavior

<p>TO GET OR OBTAIN:</p> <input type="checkbox"/> Activity <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Help <input type="checkbox"/> Attention <input type="checkbox"/> Food <input type="checkbox"/> Place <input type="checkbox"/> Other:	<p>TO GET OUT OF OR AVOID:</p> <input type="checkbox"/> Activity <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Demand/Request <input type="checkbox"/> Attention <input type="checkbox"/> Food <input type="checkbox"/> Place <input checked="" type="checkbox"/> Transition <input type="checkbox"/> Other:	<p>Notes:</p>
---	---	---------------

Are there other setting events or lifestyle influences that may be affecting the child's behavior?

- | | | |
|---|---|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Absence of a person | <input type="checkbox"/> Extreme change in routine |
| <input type="checkbox"/> Uncomfortable clothing | <input type="checkbox"/> Loud noise | <input checked="" type="checkbox"/> Family/home stress or change in living situation |
| <input type="checkbox"/> Absence of fun activities/toys | <input type="checkbox"/> Sick | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Lack of sleep | |
| <input type="checkbox"/> Medication side effects | <input type="checkbox"/> Unexpected loss or change in activity/object | |



CASE EXAMPLE: Behavior Incident Report—School

Child's Initials/Code: BS Program: Ms. Brennan

Date: 10/21 Time of Occurrence: 9:48 am Referring Staff: Grady Bloom

Behavior Description: Tantrum

<p>Problem Behavior (check most intrusive)</p> <input type="checkbox"/> Aggression <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Running away		
<input type="checkbox"/> Self injury <input type="checkbox"/> Non-compliance <input type="checkbox"/> Property damage		
<input type="checkbox"/> Stereotypic Behavior <input type="checkbox"/> Teasing <input type="checkbox"/> Unsafe behaviors		
<input checked="" type="checkbox"/> Disruption/Tantrums <input type="checkbox"/> Social Withdrawal/ Isolation <input type="checkbox"/> Other _____		
<p>Activity (check one)</p> <input type="checkbox"/> Arrival <input type="checkbox"/> Meals <input type="checkbox"/> Departure		
<input type="checkbox"/> Classroom jobs <input type="checkbox"/> Quiet time/Nap <input type="checkbox"/> Clean-up		
<input type="checkbox"/> Circle/Large group activity <input type="checkbox"/> Outdoor play <input type="checkbox"/> Therapy		
<input type="checkbox"/> Small group activity <input type="checkbox"/> Special activity/Field trip <input type="checkbox"/> Individual activity		
<input type="checkbox"/> Centers/Workshops <input type="checkbox"/> Self-care/Bathroom <input type="checkbox"/> Other _____		
<input checked="" type="checkbox"/> Transition		
<p>Others Involved (check all that apply)</p> <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Family Member <input type="checkbox"/> Peers		
<input checked="" type="checkbox"/> Assistant Teacher <input type="checkbox"/> Support/ Administrative staff <input type="checkbox"/> None		
<input type="checkbox"/> Therapist <input type="checkbox"/> Substitute <input type="checkbox"/> Other _____		
<p>Possible Motivation (check one)</p> <input type="checkbox"/> Obtain desired item <input type="checkbox"/> Obtain sensory <input type="checkbox"/> Avoid sensory		
<input type="checkbox"/> Obtain desired activity <input checked="" type="checkbox"/> Avoid task <input type="checkbox"/> Don't know		
<input type="checkbox"/> Gain peer attention <input type="checkbox"/> Avoid peers <input type="checkbox"/> Other _____		
<input type="checkbox"/> Gain adult attention <input type="checkbox"/> Avoid adults		
<p>Strategy/Teacher Response (check the most intrusive)</p> <input type="checkbox"/> Verbal reminder <input type="checkbox"/> Time with other adult in different classroom <input checked="" type="checkbox"/> Time Out		
<input type="checkbox"/> Curriculum modification <input type="checkbox"/> Family contact <input type="checkbox"/> Physical guidance		
<input type="checkbox"/> Move within group <input type="checkbox"/> Loss of item/privilege <input type="checkbox"/> Physical hold/ restrain		
<input type="checkbox"/> Remove from activity <input type="checkbox"/> Time with support staff <input type="checkbox"/> Other _____		
<input type="checkbox"/> Remove from area		
<p>Administrative Follow-up (check one or most intrusive)</p> <input type="checkbox"/> Non-applicable <input checked="" type="checkbox"/> Arrange behavioral consultation/team <input type="checkbox"/> Transfer to another program		
<input type="checkbox"/> Talk with child <input type="checkbox"/> Reduce hours in program <input type="checkbox"/> Dismissal		
<input type="checkbox"/> Contact family <input type="checkbox"/> Targeted group intervention <input type="checkbox"/> Other _____		
<input type="checkbox"/> Family meeting		

Comments: *The school mental health consultant, Grady Bloom, will be asked to observe Brian in Mrs. Brennan's classroom to determine why Brian is having so much trouble in school. After Grady's observation(s), there will be a special meeting to go over what everyone observed and to develop a plan to support Brian. Brian's parents will be included in the team meeting.*



Behavior Incident Report—Classroom Results

Mrs. Brennan's Observations:

Mrs. Brennan reported that there were 15 children present, including Brian, as well as her teaching assistant when she completed the observation cards.

When she completed the *Behavior Incident Report*, she described how both she and her teaching assistant had tried to get Brian to move from centers to large group. He had a tantrum after they each asked him to move several times. His tantrum was very loud and he disrupted the entire class, delaying large group time. He was asked to go to time out. Mrs. Brennan wondered if Brian's tantrums might be to avoid transitioning between activities or to avoid participating in large group. She was unsure of their exact function.

When she completed the second *Behavior Incident Reports*, the whole class was asked to move from large group to snack, but Brian refused. As a result, he was given social attention by Mrs. Brennan coming over to him individually and asking him to move several times. When he did not comply, he was then placed in time out. Mrs. Brennan thought that Brian's noncompliance may have functioned to avoid having to transition between activities, but she was not certain. She also indicated that Brian has a new baby brother at home that could be affecting some of his behavior at school.

Mental Health Consultant's Observation:

There were 15 children present during the observation, including Brian, as well as Mrs. Brennan and her teaching assistant.

Grady was able to witness several examples of Brian's challenging behavior: tantrums. Each time Brian was noncompliant, he had been asked repeatedly by Mrs. Brennan to stop what he was doing and to change activities. For example, right before Brian's first tantrum, Mrs. Brennan had provided her entire class with a transitional warning that it was time to clean up and move on from centers to large group. Brian instead continued playing with the toys in his center. Right after Brian's refusal to move to large group, Mrs. Brennan provided him with social attention by individually coming over to him and asking him to move to large group (social attention), while also telling him that he was extremely naughty (punished or scolded). Brian then had a tantrum and was placed in a time out. This same pattern occurred during the transitions between large group and snack, snack and free play, and free play and centers.

A thorough evaluation of the function of Brian's tantrums and noncompliance, should also include the completion of a *Behavior Incident Report—Home*. *This is especially true* if Brian's parents report that they are experiencing difficulties with Brian's behavior in the home setting as well.

Brian's tantrums may be the result of needing more individualized support during transitions between all activities in his classroom. The verbal transition warning that Mrs. Brennan gave to her whole class was not effective for Brian. Each time he was noncompliant, Mrs. Brennan would provide him with individual attention as she tried to get him moving to the next activity. When he



still refused, and had a tantrum, he was placed in a time out. This occurred in a chair next to a timer. When the timer went off, Mrs. Brennan or her assistant would come get Brian to move to the next activity. He then usually moved to the next activity without any difficulty.

Next Steps:

The next step is for Mrs. Brennan, the mental health consultant, the preschool director, and Brian's parents to meet to (a) talk about the possible functions of Brian's noncompliance and tantrums and to (b) develop a behavior support plan to help Brian be more successful in the school and/or home environments.

The mental health consultant will use the process described in the *Center on the Social and Emotional Foundations of Early Learning's Module 3A: Individualized Intensive Interventions: Determining the Meaning of Challenging Behavior* to help the team review the possible functions of Brian's behavior in the team meeting. He will refer to the *Center on the Social and Emotional Foundations of Early Learning's Module 3B: Individualized Intensive Interventions: Developing a Behavior Support Plan* to guide the team in developing a plan to help Brian be more successful (www.vanderbilt.edu/csefel/preschool.html).



Classroom Environmental Observation Form

The *Classroom Environmental Observation Form* template can be used to monitor the location of challenging behavior in an early childhood classroom. Daily data sheets can be used to identify patterns: Which areas of the room are most problematic? Are certain routines or activities consistently problematic?

Mental health consultants can use the *Classroom Environmental Observation Form* as a template that they modify based on the design of the specific environment that they are observing. Mental health consultants complete the form by noting where and what types of challenging behavior occur in the classroom. The form can also be used by marking an X where challenging behavior occurs in the classroom. An X can be marked for each incident of challenging behavior when the mental health consultant is interested in frequency or patterns of behavior.

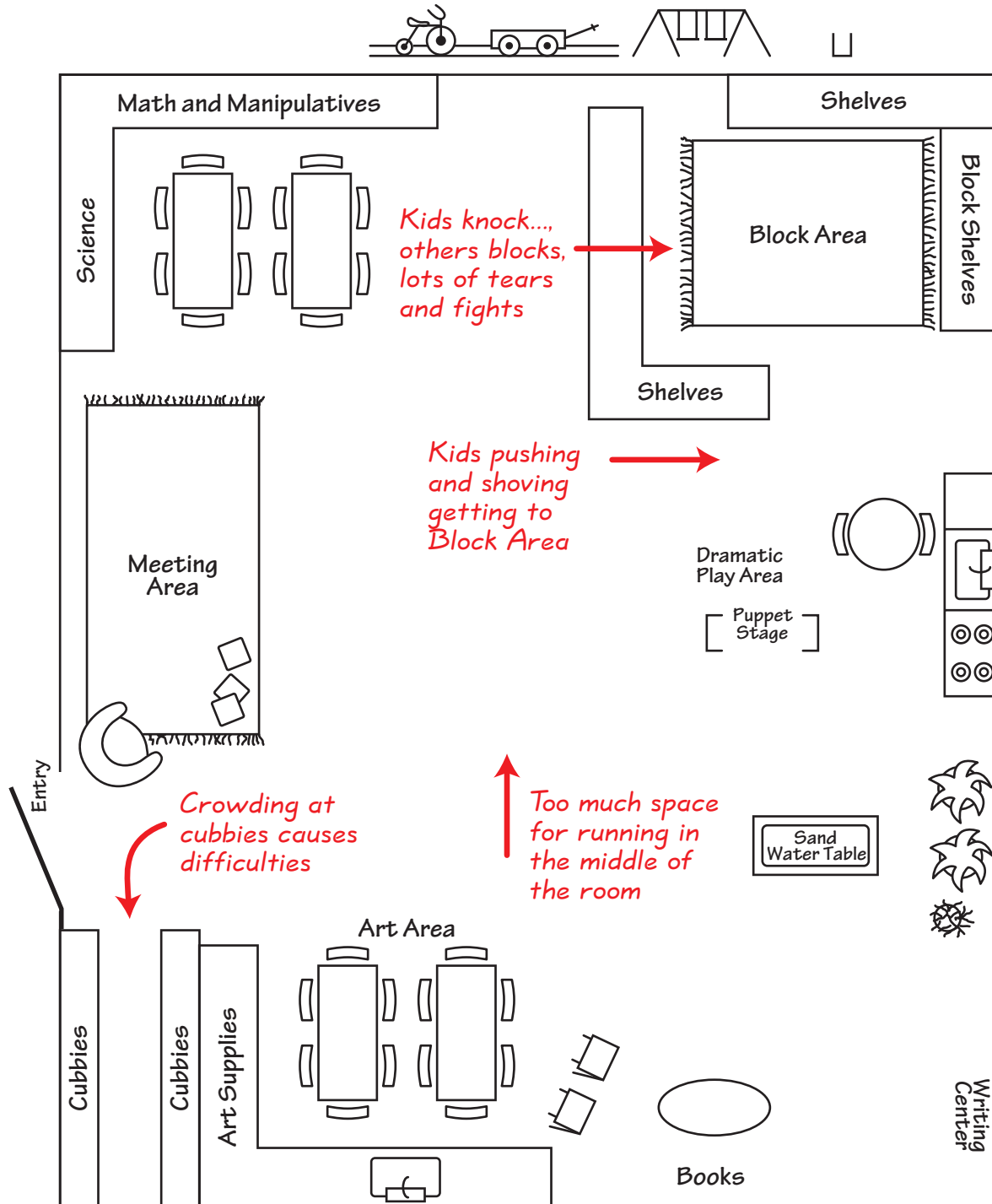
Mental health consultants and teachers can look for patterns by asking themselves:

- Are there adequate materials in this center to support the number of children who play there?
- Are the majority of materials in the center of high interest to the children?
- Are there too many children in this center?
- Is the center set up so that children know what to do and how to do it?
- Have children been introduced to the materials in the center and know appropriate ways to interact with them?
- Is there one item in the center that causes arguments or challenges?
- Are the problems due to crowding or traffic flow?
- Do the activities in the center require adult supervision or guidance?
- Is there an issue with the proximity of certain centers to other centers?
- Are some centers being used for multiple purposes and is this causing problems (e.g., circle is conducted in a center area where toys on shelves are distracting to children during circle?)

A case example and sample completed *Classroom Environmental Observation Form* are provided on the following pages.



Sample Classroom Environmental Observation Form



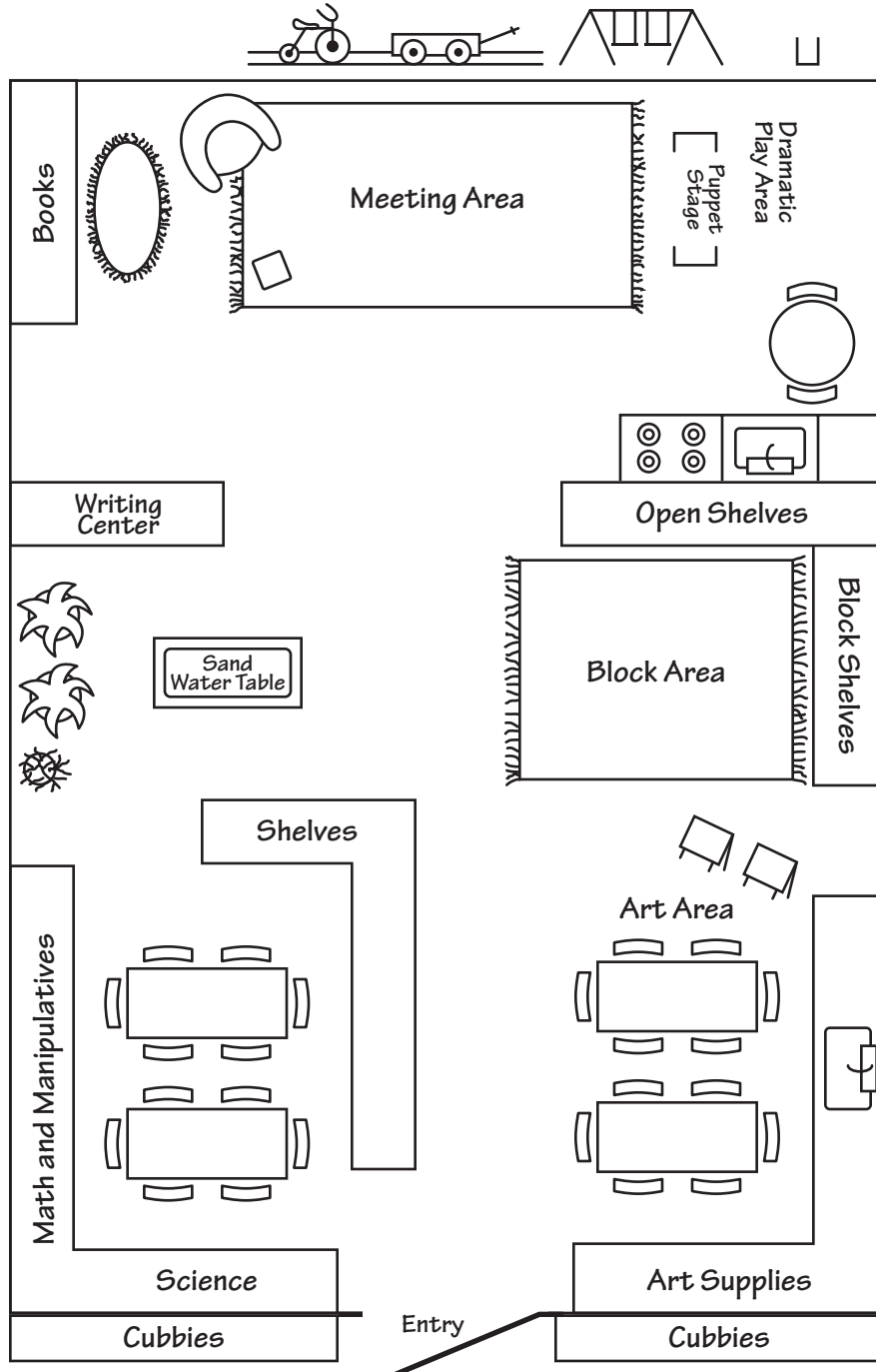


CASE EXAMPLE: Classroom Environmental Observation Form

Marge and Sasha are dissatisfied with the way their classroom has been running over the past few weeks. Their classroom arrangement has always worked before, but lately they have been feeling like they are always “putting out fires.” They ask their mental health consultant, Brenda, to help them come up with solutions. Brenda wants to understand exactly where the problems are happening in the room. She sketches Marge and Sasha’s classroom and makes five copies. She asks Marge and Sasha to help her out by collecting some data on children’s problem behavior. She asks them to make a note on the diagram indicating where the problem behavior occurs. She explains that one adult should do this every day for a week during centers. On Friday afternoon, Marge, Sasha, and Brenda sit down to look over the data sheets. They see three areas of the classroom where problem behavior occurs consistently: the block area, cubbies, and the open space in the middle of the room. The team asks the questions listed on page 41 about each center. They begin brainstorming environmental arrangements and visual supports that may improve each area. Page 44 shows a sample of a good classroom layout that helped inform the team’s discussion. They review their training materials from *Module 1* of the Teaching Pyramid training for ideas (www.vanderbilt.edu/csefel/preschool.html). They also download the *Creating Teaching Tools for Young Children* guide (www.challengingbehavior.org/do/resources/tools.htm) and identify strategies that may work in their classroom. When they have finished their conversation, they begin sketching a new classroom design.



Case Study: Improved Classroom Design





Classroom Engagement Observation Form

The *Classroom Engagement Observation Form* is designed to help teachers identify patterns in child engagement across activities. Engagement is the amount of time children spend interacting age-appropriately with materials, people, and the environment (McWilliam & Bailey, 1992). This section provides forms that may be useful in evaluating three types of engagement: (a) overall engagement for the whole class, (b) an individual child's level of engagement, and (c) the overall engagement of each individual child in a classroom. A mental health consultant might use these forms to identify children who need extra support during activities. Alternatively, they may use these forms to help teachers identify activities that are not maximizing engagement and learning opportunities.

Reproducible *Classroom Engagement Observation Forms*, case examples, and sample completed observation forms are provided on the following pages.

Classroom Engagement Observation Form

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____

Directions: Use this form to observe the engagement of an entire classroom. Periodically look up and count the number of children who are not engaged. Mark the box that best represents the engagement of the children in the class.

Count a child as non-engaged whenever he or she is not looking in the direction of instruction or participating in the activity, staring blankly, wandering aimlessly, crying, whining, or engaging in "rule-breaking" behavior.

Spot Check Time	NUMBER OF CHILDREN NON ENGAGED			
	0 All Are Engaged! 	1-2 	3-5 	5+
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Individual Child Engagement Observation Form

Child's Name: _____

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____

Directions: Use this form to observe the engagement of an individual child. Periodically look up and evaluate the target child's level of engagement. Mark the box that best represents the engagement.

- Count a child as **Actively Engaged** when he or she is interacting physically with materials or peers (playing, singing, dancing, using toys, turning pages in a story).
- Count a child as **Passively Engaged** when he or she is listening to a teacher or peer, waiting in line appropriately, etc.
- Count a child as **Non-Engaged** when he or she is not interacting with people, materials, or the environment (wandering around the room, staring out a window, laying with head down, etc.). You may also count repetitive behaviors (spinning the wheels on a toy car over and over, etc.) as non-engagement.
- Count a child as using **Challenging Behavior** whenever he or she uses a behavior that interferes with his/her engagement or the engagement of others (crying, whining, hitting, engaging in "rule-breaking" behavior, etc.)

Spot Check Time	LEVEL OF ENGAGEMENT			
	Actively Engaged	Passively Engaged	Non-Engaged	Challenging Behavior
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Classroom Engagement Scan Form

Teacher's Name: _____ Program Name: _____

Date of Observation: _____ Time of Observation: _____

of Adults Present: _____ # of Children Present: _____

Directions: Use this form to scan the engagement of all children in a classroom. Write the name of each child in the left column. Observe the first child for five seconds, and put a check in the first box if he or she was engaged throughout the 5 seconds. Repeat by watching each child in the class for 5 seconds each. When you have observed every child once, you may start over and mark engagement in the next column.

Child's Name	INTERVAL									
	1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										



CASE EXAMPLE: Classroom Engagement Observation Forms

Trina Smith is a preschool teacher at Lighthouse Learning Center. She has been a lead teacher for 6 months. The agency's mental health consultant, Angela Pace, has visited Trina's classroom monthly. Lately, Trina has been worried about her large group times. She feels nervous that she's not getting to all the important standards and objectives she needs to address each day. Trina says she feels like she spends most of group time trying to get the kids to sit down. Angela volunteers to observe group time during her next few visits.

On her first visit, she decides to watch for overall engagement. She used the *Classroom Engagement Observation Form*. Every five minutes, she looked around the room and counted the number of children who were not engaged. This strategy worked well for Angela because she still had time to help individual children on her caseload. Based on the data she collected, she and Trina decided that group time was too long. The children loved Trina's interactive readings and activities, but they got distracted once group time reached 20 minutes. Trina agreed to try shortening group time, and Angela agreed to come back for a second visit to see how things were going.

On Angela's second visit, she decided to observe each child in the classroom. She used the *Classroom Engagement Scan Form*. To make sure she watched everyone, she listed each child in alphabetical order. During her observation she watched each child for 5 seconds, marked whether he or she was engaged, and then observed the next child. She continued observing during group and the transition to the next activity. When Trina and Angela met to look at the data, they saw some clear patterns. Most of the children were engaged most of the time. Three children (Bryce, Faith, and Troy) were non-engaged through most of the activity, though. Angela noticed that they were sitting far away from Trina and were distracted by the fraying carpet. Trina was surprised that Bryce and Faith were not engaged during group, but she admitted that she was worried about Troy. She struggled with ideas for him. Angela and Trina brainstormed some environmental arrangements that might help, and Angela agreed to focus her next visit on Troy.

On Angela's third visit, she focused her observation on Troy. She used the *Individual Child Engagement Observation Form*. Every five minutes, Angela looked at Troy and marked his level of engagement: Actively Engaged, Passively Engaged, Non-Engaged, or Challenging Behavior. Based on the data, Angela and Trina decide that Troy is doing pretty well at listening for short periods of time, but he needs some help with transitions. Because he responded so well to songs and games with manipulatives, they decide to incorporate songs and objects for Troy to hold into the transition.



CASE EXAMPLE: Classroom Engagement Observation Form





Teacher's Name: Trina Smith Program Name: Lighthouse Learning

Date of Observation: 1/17/2011 Time of Observation: 9:30 - 10:00 Group

of Adults Present: 2 # of Children Present: 18

Directions: Use this form to observe the engagement of an entire classroom. Periodically look up and count the number of children who are not engaged. Mark the box that best represents the engagement of the children in the class.

Count a child as non-engaged whenever he or she is not looking in the direction of instruction or participating in the activity, staring blankly, wandering aimlessly, crying, whining, or engaging in "rule-breaking" behavior.

Spot Check Time	NUMBER OF CHILDREN NON ENGAGED			
	0 All Are Engaged! 	1-2 	3-5 	5+ 
1 9:30		X		
2 9:35	X			
3 9:40	X			
4 9:45		X		
5 9:50			X	
6 9:55			X	
7 10:00				X
8				
9				
10				

Observer's Comments: *All of the kids were engaged during the book reading. They had movements they were supposed to do when they heard certain words. It seemed like a small group of them were ready to leave group when the book was over. Once the kids had been on the carpet 20 minutes, they started to get wiggly and started watching what Ms. Jones was doing at the snack table.*



CASE EXAMPLE: Classroom Engagement Scan Form

Teacher's Name: Trina Smith Program Name: Lighthouse Learning
 Date of Observation: 2/7/2011 Time of Observation: 9:35 - 9:55 Group & Transition
 # of Adults Present: 2 # of Children Present: 18

Directions: Use this form to scan the engagement of all children in a classroom. Write the name of each child in the left column. Observe the first child for five seconds, and put a check in the first box if he or she was engaged throughout the 5 seconds. Repeat by watching each child in the class for 5 seconds each. When you have observed every child once, you may start over and mark engagement in the next column.

	Child's Name	INTERVAL									
		1	2	3	4	5	6	7	8	9	10
1	Abcidee	✓	✓	✓	✓		✓	✓	✓	✓	
2	Bethany	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	Bryce		✓						✓		
4	Caity	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	Dylan	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	Enoch	✓	✓	✓	✓		✓	✓	✓	✓	
7	Faith			✓		✓					
8	Hillary	✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	Jacoby	✓	✓	✓			✓	✓	✓	✓	
10	Jasmine	✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	Jeremiah		✓						✓		
12	Jeylon	✓	✓	✓		✓	✓	✓		✓	
13	Marissa	✓	✓	✓		✓	✓	✓	✓	✓	
14	Miguel	✓	✓		✓	✓	✓	✓		✓	
15	Nathan	✓		✓	✓	✓	✓	✓	✓	✓	
16	Sasha	✓	✓	✓		✓	✓	✓	✓	✓	
17	Serena	✓	✓	✓	✓	✓	✓		✓		
18	Troy					✓			✓		

Observer's Comments: *Troy, Jeremiah, Faith, and Bryce were sitting together on the far edge of the carpet. They were really interested in the fraying edge of the carpet and started touching each other with the strings they pulled from the carpet.*







CASE EXAMPLE: Individual Child Engagement Observation Form

Child's Name: Troy Allen
 Teacher's Name: Trina Smith Program Name: Lighthouse Learning
 Date of Observation: 1/17/2011 Time of Observation: 9:30 - 10:00 Group
 # of Adults Present: 2 # of Children Present: 18

Directions: Use this form to observe the engagement of an individual child. Periodically look up and evaluate the target child's level of engagement. Mark the box that best represents the engagement.

- Count a child as **Actively Engaged** when he or she is interacting physically with materials or peers (playing, singing, dancing, using toys, turning pages in a story).
- Count a child as **Passively Engaged** when he or she is listening to a teacher or peer, waiting in line appropriately, etc.
- Count a child as **Non-Engaged** when he or she is not interacting with people, materials, or the environment (wandering around the room, staring out a window, laying with head down, etc.). You may also count repetitive behaviors (spinning the wheels on a toy car over and over, etc.) as non-engagement.
- Count a child as using **Challenging Behavior** whenever he or she uses a behavior that interferes with his/her engagement or the engagement of others (crying, whining, hitting, engaging in "rule-breaking" behavior, etc.)

Spot Check Time	LEVEL OF ENGAGEMENT			
	Actively Engaged 	Passively Engaged 	Non-Engaged 	Challenging Behavior 
1 9:30			X	
2 9:35	X			
3 9:40		X		
4 9:45		X		
5 9:50		X		
6 9:55				X
7 10:00				X
8				
9				
10				

Observer's Comments: *Troy did really well during the activity. He sang along to the Welcome Song and looked at the book. He had a hard time settling into the activity before the song started (he wandered around the block area while the other children sat down). He also began touching the child next to him and getting into the teacher's materials at the end of group.*