

Infant-Toddler Behavior Review

Child's Name: _____ Date of Birth _____ Age _____

Review Contributors _____ Date of Review _____

1. _____
2. _____
3. _____
4. _____

Information Gathering

1. What is the behavior of concern?
2. What happens? What are the frequency, intensity and duration of the behavior?
3. When does it happen? Consider writing out daily schedule.
4. Where does it happen?
5. With whom does it happen?
6. How long has the concerning behavior been going on?
7. How does the caregiver feel about the behavior?
8. Has the child had a recent physical? Are there any physical/medical concerns?
9. What happens (right before) before the behavior occurs? What are the triggers?

10. What happens after the behavior occurs?
11. What are some of the child's strengths?
12. How does the parent/family feel about the behavior?
13. Have there been any changes and/or concerns in the home, child care, or other significant relationships and/or environments?
14. What are some of the parent/family strengths?
15. What are some of the caregiver/teachers/staff strengths?

Hypothesis

16. What is the child communicating that he wants or needs? What is the purpose of the child's behavior?
17. What might be the child's experience?

Begin Planning

18. What does the parent or the caregiver want? What does the parent or caregiver want the child to do?
19. What does the parent or the caregiver want the child to feel?
20. What strategies have already been tried?
21. What can the caregiver do to feel better?