
Individualized Prosocial Guidance Plan: Incident Observation Summary

Date: _____ Child: _____ Center & Classroom _____

Behavior: _____

A. What happened before? (antecedent)

Time of Day and Setting (Activities/Events):

Children/Adults Present?

What were they doing/saying?

What might have triggered the behavior?

B. What happened during the incident: (behavior)

What did the child do or say?	How did other respond?

C. How did the incident end? (consequence)

How did the adults present respond to the behavior?

How did the children present respond to the behavior?

What might have been the purpose or goal of this behavior?

Individualized Prosocial Guidance Plan: Assessment Checklist

Date: _____ Child: _____ Center & Classroom _____

Behavior: _____

Prevention Checklist

Time of day when the behaviors occur:	seldom/never	sometimes	frequently
during arrival			
morning			
afternoon			
during departure			

Comments:

Events/activities during which the behaviors occur:	seldom/never	sometimes	frequently
unstructured times			
one-to-one activities			
Meal times			
Nap time			
outdoors			
Structured small group activities (2-4 children)			
Structured large group activities (i.e. circle time)			
self-select activities			
transition times			

Comments:

Person(s) present when the behaviors occur:	seldom/never	sometimes	frequently
a specific child is present			
a specific group of children are present			
a specific adult is present			
any adult is present			
any peer(s) are present			

Comments (If behaviors sometimes or frequently occur with a specific child, group of children, or adult please note who)

Other considerations:	seldom/never	sometimes	frequently
The behaviors occur in clusters (several behaviors occur in a short period of time).			
The behaviors escalate in intensity or duration in a short period of time			

Comments:

Response Checklist

Adults respond to the behaviors by	seldom/never	sometimes	frequently
redirecting			
ignoring			
time-out			
verbal correction			
taking away an object			
other _____			
Adults respond to the behavior in a consistent manner			

Comments:

Purpose Checklist

The purpose of the problem behaviors may be gaining attention from an adult or peer if...	Few/none	Some:	Many/most
Behaviors occur when an adult is not, or stops, interacting with the child.			
Behaviors occurs when a peer is not, or stops, interacting with the child.			
Behaviors cease when the child is engaged in interactions with an adult or peer.			
Comments:			
The purpose of the problem behaviors may be gaining something if...	Few/none	Some:	Many/most
Behaviors occur when an adult takes away a toy, food or activity.			
Behaviors occur when the child can't have a toy, food or activity he or she has requested.			
Behaviors occur when a peer has an object that the child wants.			
The behaviors stop soon after the adult or peer gives the child a toy, food, or activity that he or she seems to like, or has recently requested.			
Comments:			
The purpose of the problem behavior may be escape/avoidance if..	Few/none	Some:	Many/most
Behaviors occur when the adult asks the child to do something that he or she doesn't seem to like or want to do.			
Behaviors occur when the child is asked to do something that is difficult for him/her.			
The behaviors stop after the adult stops "making demands" of the child.			
Comments:			
The purpose of the problem behavior may be intrinsic if..	Few/none	Some:	Many/most
The behaviors occur when no one else is around.			
The behaviors occur over and over again in a rhythmic manor.			
The behaviors seem to give the child an internal enjoyment or pleasure.			
When the behaviors are occurring the child seems unaware of anything else going on around him or her.			
Comments:			

Individualized Prosocial Guidance Plan: Assessment Summary and Analysis

Date: _____ Child: _____ Center & Classroom _____

Behavior: _____

What are _____ strengths?

Which of _____ strengths can be used in the Positive Guidance Plan?

What is happening and who is present when the behaviors are occurring?

What is happening and who is present when the behaviors are not occurring?

What seems to be triggering the behavior?

How can this be addressed in the Positive Guidance Plan?

What seems to be the purpose or goal of the behavior?

How can the purpose be addressed in the Positive Guidance Plan?

What responses to the behavior are being used by the adults in the classroom?

Which of these responses have been effective?

Completed by team developing the Prosocial Guidance Plan

How do other children respond to the behavior?

What social skills does _____ have?

What social skills does _____ need to be taught?

Which of these social skills should be targeted in the Positive Guidance Plan?

What changes have been made in the classroom to address this behavior?

What impact did the changes have?

Has something happen in the classroom that might be contributing to _____ behavior?

Does _____ use this or other similar behaviors at home or in other environments (e.g. Child Care)?

Has something happened at home or in other settings that might be contributing to _____ behavior?

Are there documented disabilities or other special needs that might be contributing to _____ behavior?

Individualized Prosocial Guidance Plan

Date: _____ Child: _____ Center & Classroom _____

Behavior: _____

Our Goals for _____ are:

Planned Program Changes to help _____ achieve the goals:

Environment (Classroom arrangement, outdoor play areas, materials & equipment):

Daily Program (schedule, routines, rules, and transitions):

Activities and Experiences included in lesson plan:

Positive Guidance Strategies and Supportive Interactions staff will use to help _____ achieve the goals:

Completed by team developing the Prosocial Guidance Plan

Plan for Addressing Contributing Factors for the Challenging Behavior:

Program:

Home:

Other Settings

Planned Changes to the Consequences for the Challenging Behavior:

Response of Children:

Response of Teachers:

Social Skills that _____ will be Taught and Strategies for Teaching the Skills.

Program:

Home:

Other Settings:

Partnerships with Families to help _____ achieve the goals (Include how and when Communication Between Home, Program and Others will occur):

Training and other Supports Classroom Staff or Family may need to help _____.

Changes we will see in _____ if the Prosocial Guidance Plan is successful:

Date when we with review _____ progress: _____

Persons involved in developing _____ Prosocial Guidance Plan:

Name	Relationship to Child or Agency	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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