

Name: \_\_\_\_\_

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

### Behavior Strategies

#### Behavior triggers

**What makes your child upset, angry, anxious, or overwhelmed?** *Check off all that apply*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Being touched                    | <input type="checkbox"/> Loud noises |
| <input type="checkbox"/> Entering their personal spaces   | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Other (please be specific) _____ |                                      |
| _____   |                                      |
| _____   |                                      |

#### Warning signs

**What are some warning signs your child exhibits when frustrated or in distress?** *Check off all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Throwing objects                 | <input type="checkbox"/> Swearing       |
| <input type="checkbox"/> Crying                           | <input type="checkbox"/> Hurting Self   |
| <input type="checkbox"/> Yelling                          | <input type="checkbox"/> Hurting others |
| <input type="checkbox"/> Running                          | <input type="checkbox"/> Pacing         |
| <input type="checkbox"/> Other (please be specific) _____ |   |
| _____   |   |
| _____   |   |

#### Calming Strategies

**What is helpful for your child to calm down?** *Check off all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Reading a book                   | <input type="checkbox"/> Listening to music |
| <input type="checkbox"/> Squeeze ball                     | <input type="checkbox"/> Deep Pressure      |
| <input type="checkbox"/> Walking/pacing                   |   |
| <input type="checkbox"/> Other (please be specific) _____ |   |
| _____   |   |
| _____   |   |