



Quality Enhancement Classroom Support Form

Please complete this form to request support from the Quality Enhancement team.

Share the behaviors you are seeing and what you've already tried and attach the [Early Childhood Behavioral Engagement and Developmental Needs Report Plan for Children with Unique Needs](#) to help us better understand the situation.

Site's Name:	Administrator:	Classroom:
Child's Name:	Teacher(s):	Date Submitted:

Primary Concern(s):

When did the behavior (s) first start?

Behavior Description (*What specific behaviors led to the request? Select all that apply and add notes*)

☐ physical aggression: hitting, kicking, punching, spitting, throwing objects, pinching, pushing, biting, etc.	☐ verbal aggression: yelling, cursing, threatening others, screaming, etc.
☐ destroying property	☐ persistent or prolonged behaviors: crying that is loud or disruptive, or interferes with the child's engagement in activities
☐ tantrums/meltdowns: kicking, screaming, pushing objects or people, stomping, banging head, etc.	☐ inappropriate touching: touching other children's private areas and removing clothing from themselves or others.



Other:

Frequency & Duration

How often does the behavior occur?

☐ Daily ☐ Several times a day ☐ Weekly ☐ Sporadically

How long does the behavior typically last?

☐ Less than 5 minutes
☐ 5–15 minutes
☐ 15–30 minutes
☐ More than 30 minutes

Setting & Triggers: Common settings where behavior occurs (check all that apply):

☐ During transitions	☐ Nap time
☐ Free play	☐ Outdoor play
☐ Structured activities	☐ With specific peers
☐ Circle time	☐ With specific staff
☐ Mealtime	☐ Other: _____

Has there been a consultation with the family to discuss these behaviors?

☐ Yes ☐ No If yes, date(s)_____

If yes, do similar behaviors occur at home? What strategies does the family use to encourage positive behaviors at home?