YOUTH BEHAVIOR REFLECTION SUPPORT TOOL

OCTOBER 2022

PA pennsylvania
OFFICE OF CHILD DEVELOPMENT
AND EARLY LEARNING

Contents

This tool was specifically developed for program teams to use when they are faced with challenging behaviors within their K-6 School-Age Care (SAC) program. The purpose of this tool is to help you get started on looking at the behavior at hand, the youth's needs, your current practices, sorting through your feelings, your family connection, and begin adjusting your program to support your students.

A key element to the process is self-reflection, followed by feedback from your team, through conversations done through the process of brainstorming.

This tool is to be used in a flexible manner. The goal is to microscope the current circumstances at the onset of some concerning behaviors, to illuminate the behaviors prior to becoming unmanageable, and/or resulting in suspension or expulsion. This tool is large and comprehensive. The following tips may be helpful as you use the tool:

Idea 1: Read all the questions. Reflect, observe, and then fill out as many questions as possible.
Idea 2: Read one bolded section at a time. Reflect, observe, and fill out as many questions as possible. Then move to the next bolded section.
Idea 3: Seek out support to fill out this tool, talk through discoveries, and create strategies. This can be an internal support (Director, Supervisor, peer) or an external support (your Keystone STARS Quality Coach, your Program Quality Assessor, Blended Age Mental Health Consultant lauwal@pakeys.org, or SAC Specialist betsaa@pakeys.org).

Please note: In respect of the child, family, and program staff, the information collected is to be handled in a professional manner and the commitment of confidentiality will be followed. This means none of the information will be shared externally outside of stated partners above without the permissions of the family and program.

Program Name	
Provider's Name	**Self- Reflection Date**
Youth's Name	**Youth's Birthdate**
Number of years, months, or weeks at the program	

Behavior Identification

What is the behavioral issue at hand?

When does the behavior occur?

Where does the behavior occur?

How frequently does the behavior occur?

What pattern/trigger have you seen with the behavior?

Does the behavior occur by something specific?

Do you see any warning signs the behavior is about to occur?

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Self-Understanding

Now let's ask ourselves some questions.

What does your engagement with this youth look like?

How often do you interact with the youth?

How do you support youth-to-youth interactions?

Is there another student involved at the time this youth displays inappropriate behaviors?

Is this a sibling-to-sibling issue?

As a provider, what were you feeling /mood before the behavior occurred, during the time of the behavior, and after the behavior occurred?

How does the behavior affect your own feelings and thoughts?

What hot spots (behaviors triggering for you) do you have?

Is this behavior one of your hot spots?

How would you describe your own temperament traits? (See the article, *Temperament – What is it?*, from Better Kid Care for additional information.)

Youth/Family/School Understanding

Now let's think about the specific youth with these questions.

What do you feel are the youth's strengths and interests?

Behavior is always a form of communication. What do you think this youth is trying to communicate with the displayed behavior?

Are activities being offered that meet the youth's interests?

How would you describe the youth's temperament traits? (See the article, *Temperament – What is it?*, from Better Kid Care for additional information.)

How many hours of sleep does this youth get on a weeknight and a weekend?

Does this youth have an identified special need, and if so, do they have an Individual Education Program (IEP)?

If yes, do you have a copy of it, and do you know what accommodations work best for this youth?

If no, have you communicated concerns about behaviors to anyone at school? What has that collaboration been like?

Do these behaviors also happen at school?

Do you and your team of providers feel that a specialist/counselor should see this youth to support them?

Is there anything that you are aware of within the youth and/or family that may be causing some of the observed behaviors?

What is your relationship like with the youth's parents/guardian?

Do the parents/guardian have similar concerns/experience the same at home?

Rate the following aspects with this scale.

Youth can….	ALWAYS	SOMETIMES	NEVER		What examples have you observed?
Identify their feelings					
Express their feelings					
Cope with circumstances					
Problem-solve circumstances					

Program/Schedule Understanding

Answer the following questions about your program schedule.

When is breakfast, lunch and snack served? Is it timely in comparison to the time that the youth last ate?

Does this meet the needs of this particular youth?

How many transitions occur within the day, and what are the transitions?

How frequent are the transitions?

How long does each transition take?

Is this youth able to transition with ease?

When do youth have long blocks of time to engage in play of their choice?

How long is that block?

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What does this youth prefer to do during free play?

When do youth have time to be in small groups of their own choice, and how often does this happen within a day? For how long?

Who does this youth opt to hang out with?

Does this youth have a few friends to play with?

Does this youth have a general sense of belonging within the group?

When do youth appear to be sedentary and/or wandering with nothing to do?

Are there times that this youth appears bored, and if so, when?

How often and how long do the youth get to engage in vigorous play?

Does your particular youth engage in rigorous play? And if so what types?

Does this particular youth stop engaging in the activity prior to the time block allotted?

What structured activities are offered?

Do the youth in your program seem to enjoy the activities being offered?

Are the activities developmentally appropriate for the variety of ages of youth being served?

How do the youth provide feedback on the activities offered?

What are the favorite activities of this particular youth?

Program Understanding/Room Arrangement

Now let's think about room arrangement.

Where is there a quiet space to relax away from others?

How frequently does this youth seek out this space?

What are the activity centers for the youth to choose from? Are the materials accommodating for the entire age span being served?

Where does this youth tend to spend their time?

Behavior Modifications

What have you tried? How did that go?

What has worked (even if only a little bit)?

Self-Reflection/Shared Reflection

Now that we have completed a scan of self/child and environment, read through your responses.

What have you noticed?

Gather with a peer or two and read through your responses.

What have they noticed?

Plans for Behavior Modifications

Are you able to create three strategies to support this child?

Strategy 1

Who is a part of the strategy?

What materials do you need?

What is your time line?

How will you measure your success?

How will you monitor, adjust and or sustain the success?

Strategy 2

Who is a part of the strategy?

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Strategy 3

Who is a part of the strategy?

What materials do you need?

What is your time line?

How will you measure your success?

How will you monitor, adjust and or sustain the success?

As a reminder, for additional support to help your youth, please click here to set up an appointment with a School Age Mental Health Consultant. They will contact you to work with you in problem solving and developing goals and strategies to implement in your SACC Program.