

A-Z of Challenging Behaviour Series

K FOR KICKING – FORMS: POSITIVE BEHAVIOUR SUPPORT



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Master of Special Education

Forms from



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Please note the word 'child' in this guide refers to children of all ages (toddler, preschooler, primary and high school). The information set out in this guide is of a general nature only and not exhaustive on the subject matter. You should consider whether the information is appropriate to the needs of the child you support and your circumstances. This guide should not be used as a diagnostic tool. When implementing any recommendations contained in this guide, exercise independent skill and judgement. If you have any concerns about your child's behaviours, please discuss them with a doctor who can provide guidance and/or a referral to the relevant professional.

A - Z of Challenging Behaviours Series

Titles

A for Argumentative

A for Attention-Seeking

B for Biting

C for Cheating

D for Defiant

E for Excessive Reassurance Seeking

E for Excessive Technology Use

F for Flopping

H for Hitting

H for Hyperactivity

I for Impulsivity

K for Kicking

L for Lying

R for Repetitive Questioning

S for School Refusal Behaviour

S for Separation Anxiety

S for Stealing

T for Task Avoidance

The list of titles is being expanded all the time. For the latest, please refer to www.behaviourhelp.com

Team Member Chart

Child name _____

Recorder name _____

Date _____

Team member name	Role	Context where they support the child (e.g. home, day centre, school and therapy)

Child's Profile

Name	Date of birth
Contributor name	Contributor role
Address	Date completed
General health	
Visual skills	
Hearing skills	
Physical skills	
Sensory needs	
Sleep patterns	
Eating and drinking skills	
Communication skills	
Emotional regulation skills	
Social skills	
Learning skills	
Problem-solving skills	
Interests, likes and dislikes	
Major life events the child has experienced	
Describe the child's kicking behaviour	
Other comments	

Behaviour Data Collection Forms

Answer the listed questions to identify which data collection forms will be most appropriate to use.

Child name _____

Recorder name _____

Context _____

Date _____

Describe kicking behaviour in specific, observable and measurable terms:

Answer the following questions to identify the appropriate data collection forms that need to be completed.

1. Does the kicking behaviour happen so often that an accurate count is impossible?

Yes (Go to Q. 5) No (Go to Q. 2)

2. Does the kicking behaviour have a clear beginning and end?

Yes (Complete frequency form and then go to Q. 3) No (Go to Q. 3)

3. Does the kicking behaviour start and stop too rapidly to record?

Yes (Go to Q. 5) No (Go to Q. 4)

4. Is the length of time the child engages in the kicking behaviour a concern?

Yes (Complete duration form and then go to question 5) No (Go to Q. 5)

5. Does the kicking behaviour vary in intensity (i.e. mild, moderate or severe)?

Yes (Complete intensity form) No

Frequency Recording Form

Child name _____

Recorder name _____

Procedure: To document the number of times the kicking behaviour occurs, divide the observation time into intervals or blocks (e.g. 5 min blocks, 10 min blocks, 30 min blocks or one-hour blocks). Complete the time interval column accordingly (e.g. if the child is being observed from 8.30 am–10 am over three consecutive days for two weeks, record the time intervals: 8.30 am–9 am; 9 am–9.30 am; 9.30 am–10 am and list the dates of recording). During the observation, place a tally mark in the corresponding box every time the kicking behaviour occurs. At the end of the time interval, count the total number of tally marks. This will help identify any patterns of when the kicking behaviour occurs.

Time interval:	Kicking behaviour occurrence on	Kicking behaviour occurrence on	Kicking behaviour occurrence on	Kicking behaviour occurrence on	Kicking behaviour occurrence on

Based on the information collected, identify any patterns:

When, with whom and where is the kicking behaviour likely to occur?

When, with whom and where is the kicking behaviour unlikely to occur?

Duration Recording Form

Child name _____

Recorder name _____

Procedure: Duration refers to how long the child engages in a behaviour i.e. length of time from the beginning to the ending of the behaviour. To document the duration, record the time when the behaviour starts and ends. Calculate the length of time that the kicking behaviour lasted and write it in seconds, minutes or hours.

Date	Time kicking behaviour started	Time kicking behaviour ended	Total duration of kicking behaviour

Based on the information collected, identify any patterns:

What is the average duration of the kicking behaviour?

What is the longest duration of the kicking behaviour?

Intensity Recording Form

Child name _____

Recorder name _____

Procedure: To document the level/degree of strength/force/severity of the behaviour, decide on a rating system to describe the intensity of the kicking behaviour. For example, mild – moderate – severe or on a scale of 1 to 5 where 1 is least severe and 5 is most severe. Every time the kicking behaviour occurs, rate its severity.

Date	Time	Intensity

Identify any times when the intensity of the kicking behaviour is:

- Mild
- Moderate
- Severe

Antecedent-Behaviour-Consequence Form

Child name _____ Date _____

Recorder name/s _____

During (Activity happening at the time of incident) _____

Time started _____ Time ended _____

Where (Location of incident) _____

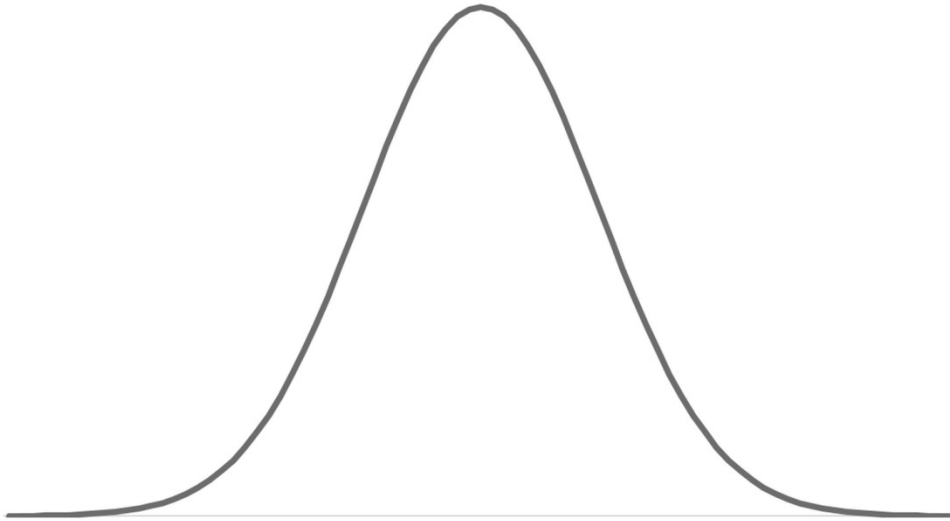
Who (people involved in incident) _____

	Antecedent	Behaviour	Consequence	Hypothesised Function
Perceived individual state				
Environment				
Activity				
Adult interaction				
Peer interaction				

Escalation Stages Form

Child name _____ Date _____

Recorder name/s _____



Escalation Profile Form

Child name _____ Date _____

Recorder name/s _____

Calm Stage

Mild Escalation Stage

Moderate Escalation Stage

Extreme Escalation Stage

Recovery Stage

De-escalation Plan Form

Child name _____ Date _____

Recorder name/s _____

Triggers

Mild Escalation Stage

Moderate Escalation Stage

Extreme Escalation Stage

Recovery Stage

Prevent Plan Form

Child name _____ Date _____

Recorder name/s _____

Strategies for supportive activities	
Strategies for supportive interactions	
Teach skills	
Strategies for supportive environments	

ABOUT THE AUTHOR

Hi there,

I am Dolly Bhargava. I have completed a Bachelor of Applied Science in Speech Pathology from the University of Sydney, a Master of Special Education from the University of Newcastle, and Certificate IV in Training and Assessment.

Midway through my career I realised my passion was in supporting children, adolescents and adults with emotional and behavioural difficulties (EBD). So I started working extensively with individuals with EBD in a variety of contexts such as family homes, childcare centres, preschool, schools, respite care, post school options, employment services and corrective services.

I have created this series based on the practical wisdom I have gathered from working with individuals with EBD, their families, educators and professionals over the last 21 years. I hope this guide equips people with the knowledge, skills and tools to help your child learn positive ways of behaving and managing their emotions.

Dolly Bhargava