



BEHAVIOUR QUESTIONNAIRE

**Please note: this questionnaire is required to be completed as a follow-up to the General Intake Form when behaviour concerns have been identified by the parent/guardian. The purpose of this questionnaire is to provide our team with more detailed information about your child's behaviours in order to make appropriate recommendations for programs and services to best meet your child's needs.*

CLIENT INFORMATION:

Date: _____ Person Completing Form: _____

Client Name: _____ D.O.B _____

QUESTIONS:

1. How does your child express his/her anger? What does he/she do or say? (Please provide details):

1a: Who is primarily involved in these incidents?

2. How often does your child engage in these behaviours? (Please be specific, number of times a day/week/month)
3. If you child engages in an outburst, how long does the outburst generally last?
4. Is your child physically aggressive (self harm or with others)? Please be specific
5. Does your child engage in any other kinds of negative or dangerous behaviours while having an outburst? (running away, destruction of objects/property, spitting, biting)

6. What are your child's triggers? (Situations that cause the outburst)

7. Does your child engage in the problem behaviour when you ask him/her to do something new?

8. When your child engages in an outburst, how intense are his/her behaviours in a scale from 1 to 10? (1 being the least intense and 10 being the most intense)

9. Can you tell when your child is going to engage in an emotional outburst? If so, what are the warning signs?

10. Are the described behaviours exhibited in other environments? (e.g., school, in public, etc.)

11. How do you get your child to calm down, and do you always use the same technique?

12. Have you ever received any other type of support for addressing these behaviours?

13. With regards to school, how does your child function? Is extra support required in the classroom? If so, is contact supervision required?