

# **TRIPLE P - STANDARD – Factors Influencing Child’s Behavior**

11-15-16

Completed by: \_\_\_\_\_

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

Parent/Caregiver(s) Name(s): \_\_\_\_\_

Name of Identified Child: \_\_\_\_\_

## **1. Parenting Strategies**

What kinds of parenting strategies have been used by the parent/caregiver(s) with this child?

What works? What doesn't work?

## **2. Child Behavior**

Provide a brief description of the child’s current problem behavior. Describe the nature of the problem behavior, context in which it occurs, date of onset and any changes in the problem behavior over time. Check for any other difficulties the child may have that may be associated with the problem behavior.

Establish approximate frequency of each problem behavior (per minute, hour, day, week, or month).

- 1.
- 2.
- 3.
- 4.
- 5.

Establish approximate duration of each occurrence of problem behavior.

- 1.
- 2.
- 3.
- 4.
- 5.

**Parenting Strategies**

Note the kinds of parenting strategies used by the parent/caregiver(s) to deal with the problem behavior (How do the parent/caregiver(s) usually respond to the problem behavior? What works? What does not work?). If a parent/caregiver reports a specific strategy does not work, clarify exactly how they implement the strategy and in what circumstances.

**Previous history of psychological help**

Note any previous help sought from other professional services for the child’s behavior or adjustment (What kind of help was sought: Who was seen? How frequently? What was advised? What was the outcome?).

**3. Trauma History**

One of the factors that influences a child’s behavior is any trauma your child has experienced. Even trauma from a long time ago can still be influencing your child’s behavior today.

Trauma is a word to describe a scary experience that your child may have gone through in his/her life. This scary experience could have made your child feel scared, overwhelmed, anxious, depressed, confused, unmotivated, or even helpless. Each child is unique and can react differently than another child to the same traumatic experience. It can also have a negative impact on your child's behavior.

Can you think of a time when your child had an experience that may have been traumatic to him/her?

**4. Educational History**

	NAME OF SCHOOL	LOCATION	DATES	Academic Performance
Preschool				
Primary				

How well does the child adjust to school situations? (Circle one)

Poorly      Fairly well      Well      Excellent

List any significant events relating to school that may have a bearing on the child's present problems.

Has any previous educational testing been done? If yes, when tested and what were the results?

Has the child had any special education assistance? If yes, please explain.

5. **Diagnostic Information**

Does your child have a diagnosis?

6. **Family Circumstances and History**

Living arrangements (Who lives in the child's home on a regular basis? Does the child share a bedroom? Has the child been subject to frequent changes of residence?).

Contact with extended family (What kind of contact is maintained with extended family? What kind of support is offered? Is there any interference in parenting routines by relatives?).

Childcare arrangements (What childcare arrangements does the family have? Does the child have multiple caregivers? Do any caregivers experience difficulties with the child?).

Financial problems (Is the family experiencing problems due to unemployment, recent job loss or bankruptcy?).

Neighborhood (Is the neighborhood child-friendly? Is the neighborhood a high crime area?).

Family history of behavior problems (Do other family members have a history of behavior problems?).