

BEHAVIOUR TRACKER DAILY / WEEKLY SUMMARY SHEET – Child’s name:

This tracker provides a clear, consistent record of children’s regulation and behaviour, helping educators identify patterns, triggers, and effective strategies. It aligns with the **Child Safe Standards** and the **VEYLDF**, ensuring practice is safe, strengths-based, and transparent. Documentation also supports planning for wellbeing, peer relationships, and educator consistency.

Quality Standard Links

- **QA1 – Educational Program & Practice:** Behaviour guidance embedded in routines, linked to VEYLDF outcomes.
- **QA2 – Children’s Health & Safety:** Evidence of safeguarding, risk management, and child safety during dysregulation.

Week Starting: _____

Educator(s): _____

1. Overview of the Week

General summary of the week:

(Overall mood, participation, improvements, challenges)

2. Behaviour Summary (Meltdowns, Aggression)

Type of Behaviour	Number of Occurrences	Typical Triggers	Typical Duration	Notes
Meltdowns	___	_____	_____	_____
Hitting/Kicking	___	_____	_____	_____
Throwing Objects	___	_____	_____	_____
Running Away / Absconding	___	_____	_____	_____
Other: _____	___	_____	_____	_____

3. Social Difficulties Summary

Social Skill Area	Observed Difficulties	How Often	Notes / Impact
Eye contact	<input type="checkbox"/> None <input type="checkbox"/> Occasional <input type="checkbox"/> Frequent <input type="checkbox"/> Constant	___ times	_____

Social Skill Area	Observed Difficulties	How Often	Notes / Impact
Interaction with peers	<input type="checkbox"/> Avoids peers <input type="checkbox"/> Conflicts <input type="checkbox"/> Needs support	____ times	_____
Joining play	<input type="checkbox"/> Unable <input type="checkbox"/> Needs support <input type="checkbox"/> Sometimes independent	____ times	_____
Sharing / turn taking	<input type="checkbox"/> Struggles <input type="checkbox"/> Needs reminders <input type="checkbox"/> Requires 1:1	____ times	_____

4. Communication Challenges Summary

Communication Area	Observations	How Often	Impact
Understanding instructions	_____	____ times	_____
Expressing needs	_____	____ times	_____
Speech clarity	_____	____ times	_____
Use of gestures instead of words	_____	____ times	_____
Repetitive language / scripting	_____	____ times	_____

5. Impact on Daily Life / Participation

Routine / Area	Impact Observed	Frequency	Notes
Group time	<input type="checkbox"/> Unable to stay <input type="checkbox"/> Needs breaks <input type="checkbox"/> Requires 1:1	____	_____
Transitions	<input type="checkbox"/> Meltdowns <input type="checkbox"/> Refusal <input type="checkbox"/> Escapes area	____	_____
Mealtimes	<input type="checkbox"/> Difficulty sitting <input type="checkbox"/> Sensory issues <input type="checkbox"/> Behaviour escalates	____	_____
Structured learning	<input type="checkbox"/> Cannot participate <input type="checkbox"/> Needs support	____	_____
Outdoor play	<input type="checkbox"/> Aggression <input type="checkbox"/> Overstimulated <input type="checkbox"/> Isolated	____	_____

6. Safety Concerns (If Any)

Concern	Number of Incidents	Severity	Notes
Harm to peers	____	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

Concern	Number of Incidents	Severity	Notes
Harm to self	___	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Running away	___	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____
Throwing dangerous objects	___	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	_____

7. Strategies Used and Their Effectiveness

Strategy	Used This Week?	Effective?	Notes
Visual schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____
Sensory breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____
1:1 support during transitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____
Calming corner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____
Redirection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> No	_____

8. Additional Notes

(Any patterns, concerns, improvements, unusual events)
