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Description automatically generated

**RCCDC Behavior Health Coaches Monitoring Checklist**

**Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher(s)/TA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow Up from Previous Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Activities/Routines** | **Observed** | **Not Observed** |
| Morning Greetings |  |  |
| Brain Smart Start Group Activities |  |  |
| I Love You Rituals |  |  |
| Review of Classroom Rules |  |  |
| Breathing Techniques |  |  |
| Composure |  |  |
| Offer Choices |  |  |
| Baby Doll Circle Time |  |  |
| **Classroom Climate**  **Observed Teacher/Teacher Assistant Demonstrate the Following:** | **Consistently** | **Inconsistently** |
| Positive Affect: Smiling; Enthusiasm; |  |  |
| Shows Respect: Warm, calm voice; Respectful language |  |  |
| Acknowledge Children’s Acts of Kindness & Friendship: Sharing, Helping others; etc. |  |  |
| Awareness of Children’s Needs: Aware of their lack of understanding; anticipates problems and plans appropriately |  |  |
| Responsiveness to Children’s Needs: Provides comfort; assists with self-regulation; acknowledges emotions |  |  |
| Transitions are Effective; Wait Time is Limited |  |  |
| Teacher- Child Engagement: Teachers are actively engaging with children and speaking to them on the child’s eye level |  |  |
| Classroom Management: Positive classroom techniques implemented – list techniques |  |  |

|  |
| --- |
| **Positive Observations and Recommendations Discussed During Debriefing Session:** |
| **Teacher/TA Comments/Feedback:** |
| **Center Manager Comments/Feedback:** |

Next Steps:

\_\_\_\_ Schedule a Center Visit \_\_\_ Conduct Specialists’ Staffing

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provide Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BHT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_