

Observing Patterns of Behaviour

This form should be completed with parents/carers prior to starting the STARC observations

| | | | |
|---|--------------------------|--|------------------------------|
| Child's Name: | Date of Birth: | Age in Months: | Name of Setting/Childminder: |
| Name of person completing the form: | Date form was completed: | Date shared with parents/carers: | |
| ASSESS - Where are we now? | | | |
| Child's strengths & interests: | | What do you hope to find out by observing the child's behaviour? <i>e.g. are there any triggers, what is the child trying to communicate</i> | |
| What is the wider context of the behaviour? <i>Consider changes to routine, transitions, changes to the environment etc</i> | | Any known barriers to learning/ developmental concerns/ needs? | |
| What are the views of parents/ carers? (Parents views and partnership is essential when supporting children's behaviour) | | | |
| Signed Parent/ Carer: | | | Date: |

Reviewing the recorded information is essential for this process to be beneficial

Signed Setting:

Date:

STARC Observations

The form below is a working document which should be easily accessible for all staff. Staff who are completing STARC observations should be able to focus entirely on the child for the duration of the observation so that the 'setting' and 'trigger' can be identified

ASSESS - Where are we now?

Date started:

Review Due:

| Date and Time | Setting (Environment and people present) | Trigger (What may be the cause for the action/ behaviour?) | Action (Record the child's behaviour) | Response (how did the child, adults & other children respond?) | Communication (what could the child be communicating?) | Initial |
|---------------|---|---|--|---|---|---------|
| | | | | | | |

Reviewing the recorded information is essential for this process to be beneficial

REVIEW – What is the impact?

| | |
|---|--|
| Date of Review | |
| Day Are there any patterns relating to the days the behaviour occurs? | |
| Time Do incidents occur at a particular time e.g. transition times, after lunch, during circle time etc. | |
| Setting Does the environment and or the adults and children present impact the behaviour? | |
| Trigger Can you identify any possible triggers for the child's behaviour? | |
| Action What repeated patterns of behaviour are there? | |
| Response Can you identify what the child is gaining or avoiding from this behaviour? Are there any patterns in how other people respond to the action, and how does the child respond to this? Do any responses change the behaviour? | |
| Communication Is there a pattern to what the child is trying to communicate to you? How could that communication be supported in other ways | |
| The impact of any barriers to learning on the child's behaviour | |
| Recommendations for changes and strategies to support the child further going forwards | |

| | |
|------------------------------|--------------|
| Signed Parent/ Carer: | Date: |
| Signed Setting: | Date: |

Reviewing the recorded information is essential for this process to be beneficial