

BehaviorHelp Support Request Form



Child Care Program Information

Center Name:

Center Address:

Child Name:

School District:

Center Better Beginnings Level:

Your Name:

Your Role:

Your Role (if other):

E-mail:

Phone Number:

Fax Number:

Observed Behaviors(Check Any That Apply):

Destroys property

Frequent crying

Does not interact with other children

Acts younger than his/her age

Hurts others (hitting, kicking, biting, pushing, etc.)

Hurts self (banging head, scratching/biting self, etc.)

Doesn't/won't pay attention

Won't sit still

Does not interact with staff

Difficulty following routines

Briefly Describe Behavior Observed (No Names Please):

If you do not use Microsoft Outlook, save the form and upload it to your email as an attachment, then submit to BehaviorHelp@dhs.arkansas.gov

Official Use Only

Status: