

# CEBM Pyramid of Support for K4-K5 Tier 1 Universal Practices for the WHOLE GROUP

At Tier 1, these practices are needed for some, but beneficial to <u>ALL K4-K5 children</u>. \* *Please refer to the introductory page on the NAEYC's Developmentally Appropriate Practice concerning the three core considerations as guiding factors on how to best support all children's development and learning:* <u>Commonality, Individuality, and Context</u>.

Classroom practices	Examples
Being intentional in the <b>physical and social set-up</b> of the room to benefit the children's focus and sensory experience, keeping <b>safety</b> in mind. * Check out the MEQ <u>Classroom Organization</u> reference document and <u>video capsule</u> .	Clearly marked sections that are spaced out within the room, tables can be placed in multiple areas (not just all together in the middle of the room), wide spaces to move, clutter-free space/ sensitive to not overstimulate, make use of natural light, use of baskets/bins/storage baskets at eye level, calendar/schedule/visuals at eye level, child's artwork/family photos on display to build sense of belonging, space setup with play in mind, etc.
Actively greeting and engaging the children individually and as a group by favouring proximity, building relationships, and fostering a healthy classroom climate. Using attachment rituals to deepen their connection to the adults involved and to build a sense of belonging to the group. Using attachment and play to engage and maintain the children's focus and attention (4-5-year-olds naturally have a short attention span).	Aug-Sep Practices (for school staff) with K4-K5 Bin (documents and resources for parents), being creative and playful/warm during the morning greeting, engaging ritual following a transition, knowing all the children's names, asking the children their interests, doing activities together (reading stories, singing together), highlighting points in common, getting at their eye level, group conversation during snack time, using play and modeling to set boundaries, etc. * <i>Check out the <u>Resources Padlet on Attachment</u> Ensuring to '<u>collect</u>' and engage the children through playful approaches prior to giving directives.</i>
Embodying a <u>strong adult posture</u> as well as a caring leadership. Focusing on managing the circumstances that impact the children rather than attempting to control their behaviour.	Conveying a strong/confident yet warm/caring stance and leadership, being careful about befriending, responding to needs and establishing limits/boundaries and helping them feel safe and taken care of.
Well established <u>structures and routines</u> that are clear, explicit and predictable. Keeping in mind that preschoolers have a need to be active and including movement in the activities. Notifying the children, when possible, of any changes in routine, such as special activities, guests, and staff absences.	Cueing the adult's expectations around morning arrival, transitions, lining up, clean-up time, snack time, bathroom time, end-of-day departure, etc. Orchestrating practice sessions (introducing, modeling, scripting) through play, stories, chants, puppets, role-playing, etc. Giving the children enough advance notice to help prepare them before switching to the next activity. Matching a specific song to each routine to build predictability, make the expectations clear, and help the children know what to do.
Inclusive practices honouring the children's individual differences, needs, preferences, developmental readiness, as well as acknowledging neurodiversity. Adapting the activities to suit these varying needs and being flexible in our expectations.	Not expecting eye contact from everyone, or sitting down 'criss-cross' style during story time (some children focus/retain better when <u>switching postures</u> ). Inviting to join the group while respecting the child's comfort level to sit in proximity of others, providing alternative options to connect and belong to the group. Providing opportunities that evoke all the senses (visual, auditory, kinesthetic, etc.)
Play-based activities built-in to the children's daily schedule which focus on the MEQ Preschool Cycle Program 5 areas of development. * Check out MEQ Learning Through Play reference document and video capsule.	Moving away from academics and from paper stencils to make room for activities that are hands-on, play-based, creative, in movement, and supporting all the senses. Providing lots of opportunities for free play (creative and imaginary type of play)
<b>Respite and downtime</b> built-in to the children's daily schedule, but also when the children need a break or when their emotions are overwhelming. Consult <i>CEBM K4-K5 Tier 1 Checklist</i> for more details.	Blocs of time scheduled in the day for respite with calming activities and a quiet corner available if needed. During downtime, convey change in routine through the senses (e.g. play soft music, bring blinds down, dim lighting)

Visit CEBM website for tools and resources: <u>https://www.cebmmember.ca/k4-k5-practices</u> Catherine Korah, Martine Demers, CEBM – Nov 2024





# CEBM Pyramid of Support for K4-K5 Tier 1 Universal Practices for the WHOLE GROUP

Classroom practices	Examples
Gross-motor physical activities built-in to the children's daily schedule with a variety of high-level energy activities and low-level energy activities to suit all the needs of the children. * The type of activity needs to be changed periodically to maintain interest and engagement.	Ensuring the children are not sitting down or standing still for long periods of time (e.g. circle time, lining up, etc.). Offering opportunities for gross-motor physical activities. Providing options for flexible seating, standing stations, floor activities, etc. <u>High-level activities</u> : Simon Says, musical chairs, dancing to music, etc. <u>Low-level activities</u> : yoga, stretching & breathing, reading a fun story, etc.
Outdoor opportunities beyond recess and lunch time. Providing a wide range of materials to support their creative and imaginary play. Ensuring that these are supervised properly for safety.	Organizing active games, free play, building and creating activities, safe/supervised outdoor risk-taking play. Can also be for fun learning and exploring activities (e.g. reading stories, measuring objects, scavenger hunt, etc.) * Check out this <u>Resources Padlet on Getting Physical and Outside</u>
Universal support measures for the <u>emotional</u> <u>development</u> of the whole group by accompanying the children in expressing their emotions and building their emotional literacy. Offering opportunities for the children to build body awareness and to connect their emotions to their bodily sensations. Providing options adapted to the children's needs and maturity level to help them be more successful.	Providing emotional release activities ( <u>Hannah Beach Inside-Out Handbook</u> ), children's books and games on emotions, emotion cards (use real faces to help children read actual facial expressions), emotional creative art activities, dress-up, puppets, role playing, imaginary play. Providing the context for respite and downtime. * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children. * Check out these two Resources Padlets on <u>Naming Emotions</u> and on <u>Creative Emotional Expression</u>
Universal support measures for the <u>social</u> <u>development</u> of the whole group by accompanying the children in unfolding their abilities to interact socially. Providing options adapted to the children's needs and maturity level to help them be more successful.	Cueing the adult's expectations around sharing, waiting their turn, standing in line, participating in group activities, connecting with others, etc. Using playful ways to introduce, model and prompt expectations through cues, stories, chants, role-playing, games, etc. * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.
Adapting the parameters surrounding <u>transition</u> <u>times</u> (recess, lunch, Phys Ed, going outdoors) for the whole group. * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.	If possible, working around the recess and lunch schedule (e.g. having them stay longer outside between the bells to minimize the number of transitions). Allotting some time in between activities to help them be more successful in transitioning (if they feel rushed, uncomfortable, or don't know what is expected of them, behaviours may surface).

Regular communication with parents is important to keep <u>home-school engagement</u>. Parents need to be informed of support measures in place for their child prior to moving on to Tier 2 practices. \* *Please refer to the list of considerations* prior to moving on to the next tier of support.

\* Please consult the <u>MEQ Preschool Cycle Program</u> to find out more about the 3 other areas of development (physical and motor, language, and cognitive).

\*\* Adults involved at K4-K5 would benefit from professional development in multiple areas, especially in early childhood development (<u>click here for a list of</u> <u>webinars and additional resources</u>).

A special thanks to some of the DEEN PLAY members and other key individuals who have been instrumental in the conception of this document and other related materials and resources (click here for more details).





# CEBM Pyramid of Support for K4-K5 Tier 2 Targeted Practices for SOME

#### For the children who need additional support to be successful in a classroom setting

Some of these suggestions refer to '<u>small-group</u>' support. In K4-K5, small-group may look like 2 or 3 handpicked children, which needs to be tried out and reviewed in order to ensure its success. Some <u>children at Tier 2</u> need to be exposed slowly and progressively in order to honour their rhythm and readiness, as well as make sure the child is connected and attuned to the adult first. \* *Tier 2 practices must be built onto a solid Tier 1 foundation*.

Classroom practices	Examples
Ensuring <u>safety</u> at all times, as children at Tier 2 require ongoing supervision due to their big emotions, immaturity and lack of impulse control.	Minimizing the number of adults involved, as children of this age do not orient well towards several people at once. Communication amongst all adults involved (including the parents) is key, acting as a 'baton-relay' team. Being mindful of not triggering the children by getting into their bubble and pushing their physical boundaries and comfort zone.
Targeted <u>attachment practices</u> , such as cultivating a context of connection through games and fun activities, collecting rituals to engage attachment instincts prior to following instructions, allowing the children to feel safe and welcome when needing to depend, etc.	Utilizing attachment practices that enhance and deepen the relationship (e.g. small 5:1 ratio, <u>2 min x 10 days relationship building strategy</u> ). Displaying genuine connection by taking interest in their life beyond school. Using playful and inviting ways to connect (games and fun activities). Highlighting points in common. Engaging them through their interests. Acknowledging the day's successes. If needed, <u>matchmaking</u> through a significant adult in their life. ' <u>Bridging</u> ' the relationship by not making the behaviour the bottom line.
Systematic <u>check-ins</u> with a significant adult (beyond teacher greeting) at scheduled times. This significant adult can be a matchmaker to facilitate the attachment of the child to the other adults involved. If needed, the school can also reach out to the child's caregivers to ask them if they would help with matchmaking. * Ensuring that the check-ins are being done consistently by the same adult and that the child is indeed benefiting.	This is a time of warm connection meant to welcome the child within the school environment and to get a pulse on how they are feeling and anticipating their day. A check-in can be done while the adult and child are playing a game or doing an engaging activity (this helps put the child at ease). If a child is anxious or worried, this is a prime time to have them share and to be reassured by the adult. This often helps to alleviate outbursts of big emotions. Check-ins need to be scheduled regularly and consistently during strategic times (e.g. in the morning before class, after recess, after lunch, before daycare/bus)
Ensuring to display a <u>strong adult posture</u> when the child is upset or during challenging circumstances. Making preventive and proactive approaches a priority. Relying on <u>structures and routines at Tier 2</u> to facilitate the taking charge.	Being mindful about displaying neutral/gentle facial expressions (not looking angry or overwhelmed), as well as a non-threatening stance (not crossing arms). Bending down to the child's eye level. Being mindful of voice volume, tone, speech rate, or talking too much. Keeping a safe and respectful distance that feels comfortable for the child. Not taking their behaviour personally. Remaining calm and reflective (having another adult help out if needed). Waiting until a more appropriate time to address the situation. Aiming to establish safety and not to do harm. Relying on <u>de-escalation</u> and <u>co-regulation</u> if needed.
Scheduled blocs within a <u>designated area</u> to retreat to within the classroom for respite and downtime, or in strategic times (e.g. coming back from recess) to help the child recenter themselves before joining the group. The use of the space and materials must be introduced, modeled, and the adult needs to remain available to check-in. * Adult expectations must take into consideration what is developmentally appropriate for <u>a 4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.	Accompanying the child to the designated area and engaging them in manipulating a support tool (ex. nature scenes, sensory tool). Giving them a few minutes with the object and returning to assess if the child is ready to return to the group. If not, the adult may need to change intervention. This area should be small and enclosed, accessible at all times and to any children who need it, away from the group, not serve any other purpose (presented as a positive support tool to remove any stigma), made available to only one child at a time, and where all tools/strategies incorporated have been introduced, modeled, practiced and reviewed by the adult. Children need opportunities to explore and become familiar with this support measure when they are calm and receptive, rather than going only when upset.





# CEBM Pyramid of Support for K4-K5 Tier 2 Targeted Practices for SOME

Classroom practices	Examples
Targeted access to gross-motor physical activities in the classroom, hallway and/or outdoors. Ensuring that these are supervised properly for safety. * Lead by the teacher and/or support staff available. These activities need to be pre-planned and must have specific goals in mind.	<ul> <li>Selecting the type of movements (high vs low energy level) and frequency to suit the child's needs.</li> <li><u>High-level activities</u>: active pathways, fitness drills, etc.</li> <li><u>Low-level activities</u>: sensory hallway, finger tracing designs on the wall, activity carpet with roads for toy cars or forest paths for figurines, etc.</li> <li><i>The type of activity needs to be changed periodically to maintain interest and engagement.</i></li> </ul>
Targeted 'small-group' activities during the scheduled <u>outdoor opportunities</u> with the whole group. Ensuring that these are supervised properly for safety. * Lead by the teacher and/or support staff available. These activities need to be pre-planned and must have specific goals in mind.	<ul> <li>Providing high or low energy level games and activities (will depend on the children's needs and the adult's goal).</li> <li><u>High-level activities</u>: obstacle courses with different types of equipment, etc.</li> <li><u>Low-level activities</u>: building and creating activities, drawing with chalk, watering plants or mud kitchen (if available), etc.</li> <li>Supporting the transition back inside and ensuring the children's readiness to return to the group.</li> </ul>
Targeted 'small-group' support measures for the <u>emotional development</u> of some children who require additional support with their big emotions. Providing options adapted to the child's needs and maturity level. * Lead by the teacher and/or support staff available. These activities need to be pre-planned and must have specific goals in mind.	E.g. children's books and games on various emotions, emotional creative art activities, dress-up, puppets, role playing around safely expressing and releasing emotion, imaginary play, pictures to explore and help recognize emotions on real children's faces, mirror to look at their own facial expressions, etc. Providing the context to help the children 'experience' a comforting and calming feeling through the senses (e.g. play soft music, dim lighting, give access to a personal comforting item, nature scenes, comforting scents from home, etc.) * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.
Targeted 'small-group' support measures for the <u>social development</u> of some children who require additional support in interacting with others. * Lead by the teacher and/or support staff available. These activities need to be pre-planned and must have specific goals in mind.	Using tools and activities that are adapted to the child's needs and maturity level. E.g. stories on various situations, games, puppets, masks, role-playing, etc. The adults model the expected social interactions and narrate the positive examples. * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.
Targeted 'small-group' <u>accompaniment</u> <u>during transition times</u> (supported recess/lunch). Ensuring that these are supervised properly for safety. * Lead by the support staff available. These activities need to be pre-planned and must have specific goals in mind.	Helping the children have a preview of the upcoming transition with a Time Timer and reminders. Providing a visual sequence of transitions (e.g. visual schedule, First-Then cards). Breaking a larger transition into micro-transitions (e.g. instead of getting dressed, put on your shoes on, then your jacket, etc.) During <u>supported lunch</u> , modeling appropriate behaviour around sitting at a table, eating, and interacting with others. While outdoors, providing high or low energy level games and activities, depending on the children's needs and the adult's goal. Supporting the transition back inside and ensuring the children's readiness to return to the group.

Scheduled communication with parents to keep them informed of support measures and to maintain their engagement to supporting their child's transition to school (avoid behaviour trackers, focus on the positive, anecdotal comments are encouraged). \* *Please refer to the list of considerations prior to moving on to the next tier of support.* 

\* Please consult the <u>MEQ Preschool Cycle Program</u> to find out more about the 3 other areas of development (physical and motor, language, and cognitive).
\*\* Adults involved at K4-K5 would benefit from professional development in multiple areas, especially in early childhood development (<u>click here for a list of</u> <u>webinars and additional resources</u>). A special thanks to some of the DEEN PLAY members and other key individuals who have been instrumental in the conception of this document and other related materials and resources (<u>click here for more details</u>).

Consult <u>CEBM K4-K5 Tier 2 Checklist</u> for more details. Visit CEBM website for more tools and resources: <u>https://www.cebmmember.ca/k4-k5-practices</u>







### CEBM Pyramid of Support for K4-K5 Tier 3 Individualized and Intensified Practices for FEW

#### For the children who require intensified one-to-one support to be successful in a classroom setting

At Tier 3, a child would benefit from having a written <u>Action/Safety Plan</u> with personalized support measures that have been selected according to the needs and challenges presented. These practices are meant to be applied in a preventive and proactive fashion (not waiting for the problems to arise to intervene), as <u>the child at Tier 3</u> is not available nor receptive when upset. \* *Tiers 2 and 3 practices must be built onto a solid Tier 1 foundation*.

Classroom practices	Examples
Ensuring <u>safety</u> at all times; children at Tier 3 require constant supervision due to their high defendedness and intense reactions.	Collaboration and teamwork, as well as ongoing communication amongst all adults working with the child is necessary. Sharing the weight – no single staff is meant to support a child at Tier 3 on their own on a full-time basis. Building a 'village of support' – the child needs to feel a 'safety net of attachments' with the team of adults involved. Feeling safe is key for the child to be successful.
Personalized and intensified <u>attachment</u> <u>practices</u> , to help soften the defenses of the child and to help them progressively become slowly oriented towards the adults.	Deepening the attachment through one-to-one games and fun activities, compensating for the resistance and impulsivity by setting up structures and providing support measures to compensate. The use of humour and playfulness (being careful with sarcasm) will assist adults in sustaining their energy level and engagement in the face of challenging situations. If needed, <u>matchmaking</u> through a significant adult in their life.
Systematic daily one-to-one <u>check-ins</u> and <u>end-of-day recap</u> with a significant adult scheduled multiple times each day. * Ensuring that the check-ins are being done consistently by the same adult and that the child is indeed benefiting.	Providing regular check-ins. These are a key ingredient to help children at Tier 3 be successful at school. This is a prime time to connect with the child, establish a sense of safety, evaluate the child's emotional state, and provide an opportunity to release tension if needed.
Ensuring to display a <u>strong adult posture</u> when the child is having big emotions, and during highly challenging circumstances. Making preventive and proactive approaches a priority. Relying on <u>structures and routines at Tier 3</u> to facilitate the taking charge.	Not being alienated by their behaviour and keeping the posture of a nurturing leader, backing away from conventional discipline and ultimatums, relying on <u>de-escalation</u> and <u>co-regulation</u> if needed, <u>bridging</u> by making the relationship (not the behaviour) the bottom line and restoring the connection following any fallouts.
Personalized respite and downtime in the designated area or in an alternate location on a one-to-one basis. Ensuring that these are supervised properly for safety.	Setting up an <u>individual bin</u> for the child to use within the designated area, which includes pre-selected tools that have been carefully selected with the child. * Content of the bin needs to be changed regularly to maintain interest and engagement. These need to be introduced, modeled, practiced and reviewed by the adult.
Personalized gross-motor physical activities on a one-to-one basis in an alternate location as well as outdoors. Ensuring that these are supervised properly for safety. * Needs to be done with a significant adult in a location reserved for this purpose.	Offering an opportunity to change the context and to help switch gears, ensuring the activity is benefiting the child. This is an opportunity to go beyond the quick gross-motor physical activity. Providing opportunities that require big movement (e.g. going up and down the stairs, touring the building, completing an obstacle course outside, etc.)
Personalized <u>outdoor opportunities</u> on a one-to- one basis beyond recess and lunch time. Ensuring that these are supervised properly for safety. * Needs to be done with a significant adult.	Going outside becomes a key ingredient to allow children at Tier 3 to manage being in class and at school throughout the day. Outdoor activities can be done for multiple purposes: movement, emotional release, social experimentation, etc.





### CEBM Pyramid of Support for K4-K5 Tier 3 Individualized and Intensified Practices for FEW

Classroom practices	Examples
Personalized support measures for the <u>emotional development</u> of few children who require intensified one-to-one support with their big emotions. Providing options adapted to their needs and maturity level to help them be more successful. * Needs to be done with a significant adult in an alternate location.	Setting up parameters to help them feel safe, by using co- regulation techniques, and by accompanying them to process their overwhelming emotions. Introducing a variety of avenues to help them express their emotions and providing additional outlets for physical release without repercussions. If available, providing access to an alternate safe space (e.g. <u>Emotions Room</u> or outside playground when available) to release intense emotions. Providing the context to help the child 'experience' a comforting and calming feeling through the senses (e.g. play soft music, dim lighting, give access to a personal comforting item, nature scenes, comforting scents from home, etc.) * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.
Personalized support measures for the <u>social</u> <u>development</u> of few children who require intensified one-to-one support in interacting with others. Providing options adapted to their needs and maturity level to help them be more successful. * Needs to be done with a significant adult in an alternate location.	Setting up parameters to help them stay out of trouble (e.g. close supervision when playing with others, scripting and modeling 'what to do' and 'what not to do' in a given situation) and by accompanying them in co-managing a difficult social context (board games, group sports, etc.). Using games, puppets and role play to practice facing challenging/triggering situations and helping them walk through it. * Adult expectations must take into consideration what is developmentally appropriate for a <u>4 versus 5-year-old</u> , as well as for shy, anxious, and neurodiverse children.
Personalized <u>accompaniment during transition</u> <u>times</u> on a one-to-one basis. Ensuring that these are supervised properly for safety. * Needs to be done with a significant adult in an alternate location.	Managing multiple transitions is really challenging for children at Tier 3. They require the constant accompaniment of an adult: at the buses, in the hallway, during recess and lunch ( <u>supported</u> , <u>extended or sheltered recess/lunch</u> ), heading to daycare, etc. Preparing the child for upcoming transitions by naming and cueing desired behaviour. Giving constructive feedback to support and guide the child, as well as to encourage their efforts. Breaking a larger transition into <u>micro-transitions</u> . Orienting their attention onto the upcoming activity to get them engaged rather than leaving the focus on the ending of the current activity, which may stir up some frustration/resistance.
If needed, setting up a personalized <u>adapted</u> <u>schedule</u> in another pre-determined supervised location (or a part-time schedule for those who require it). Some children struggle with the amount of stimulation within the classroom. By providing an adapted schedule, they will gradually acclimate to the context and be able to better manage their emotions.	Setting up an alternate classroom entrance-exit time (e.g. 5 min before or after the bell) to help with transitions. Providing an alternative home-base (e.g. OASIS, <u>Nurturing</u> <u>Support Centre</u> , other types of support spaces) during class time and/or transitions, additional Phys. Ed., etc. If needed and with the collaboration of the parents, setting up a part-time schedule at school to help the child cope with the overwhelm of the day (only in exceptional cases and for specific and temporary purposes).

Daily or bi-weekly communication with parents to keep them informed of support measures and to maintain their engagement in supporting their child's transition to school. \* *Please refer to the list of considerations prior to moving on beyond the Tier 3 level of support.* 

\* Please consult the <u>MEQ Preschool Cycle Program</u> to find out more about the 3 other areas of development (physical and motor, language, and cognitive).

\*\* Adults involved at K4-K5 would benefit from professional development in multiple areas, especially in early childhood development (<u>click here for a list of</u> <u>webinars and additional resources</u>). A special thanks to some of the DEEN PLAY members and other key individuals who have been instrumental in the conception of this document and other related materials and resources (<u>click here for more details</u>).





### Considerations for the application of the Pyramid

Here is a list of questions for school staff involved in K4-K5 to reflect upon in terms of applying the CEBM Pyramid of Support, to help them situate at which Tier to operate from and at which point to change Tiers to increase the level of support for the children in their care.

Is there a good understanding of what is considered developmentally appropriate for a 4 and 5-yearold? Can the staff distinguish what a child at Tier 1, versus Tier 2, versus Tier 3, looks like in terms of their abilities and challenges?

Have the following key elements been considered?

- Child's date of birth (month as well) maturity/immaturity, degree of autonomy
- Previous information given (parents, CPE/daycare, pediatrician, etc.)
- Additional support services in their CPE/daycare external services sought by the parents
- $\circ~$  Child's capacity for adaptation and adjusting to transitions and new routines
- o Child's energy level, sensitivity, heightened emotions (alarm, frustration), separation anxiety
- o Child's ability to connect to others, attachment to parents
- $\circ~$  Child's ability to voice their needs and/or what is not working for them
- o Change in family situation (new baby, divorce), additional transitions (moved homes)

Has the composition of the class group and how the children's dynamics and needs interact with each other been considered (how the social environment may impact the child)?

Have the selected support measures been implemented on a preventive and proactive basis (ensuring a strong foundation of Tier 1 universal practices), rather than waiting for the problems to arise to address them? Has the overall focus and priority of the implemented practices been based on fostering a sense of safety and belonging for the student(s), rather than attempting to control the child's behaviour(s)?

Have the children's basic needs been met (safety, attachment, food/beverage, sleep, structure/predictability, inclusive and developmentally appropriate environment/schedule, play, movement, outdoors, etc.)? Has there been sufficient time given to transition from one activity to the next (K4-K5 students need time to adapt, if not behaviours will surface if they feel rushed, uncomfortable, or may not know what is expected of them)?

Have multiple measures been tried out, consistently over a period of time, at each Tier prior to increasing the level of support? Are the adults keeping track of what works and what isn't (keeping a journal or a tracking log)?

When providing support, has the same measure been tried:

- o in different frequency and intensity?
- o during different times of the day, or days of the week?
- $\circ$  in a variety of ways (e.g. type of tools and resources used, high vs. low level of energy, etc.)
- $\circ$  with the support from or the substitution with another adult?

Have these support measures been applied systematically (intentional – with specific purpose in mind, pre-planned, consistent)?

In considering the 'right fit' for the child, depending on their needs and individual differences, have the adults involved discussed and reflected upon:

- $\circ$  the 'why-when-where-how-with whom' of the support measure?
- o the context in which the measure is orchestrated (whole class, in small groups, or one-to-one)?





### Considerations for the application of the Pyramid (cont'd)

Is there some consideration concerning:

- the timing of the delivery of a support measure, in terms of the child's autonomic state (whether they're regulated) and their receptivity at that moment?
- whether to offer a support measure more systematically (assign and/or schedule) for increased predictability and impact?
- whether to set up pre-determined breaks in terms of schedule (when, for how long) and to alternate locations (where, with whom) for increased prevention and down-time from the group and classroom environment?
- whether to include support measures during transition times as well, in addition to the classroom?

Has the measure been discussed with the child's parent? Is there buy-in and support from the parents? Have the staff asked the parents how they see their child's adjustment to school routine, its demands and its environment? What do the parents believe would help their child adapt to challenging situations? Whether there has been some change(s) in their child's behaviour/eating/sleeping patterns at home? What is the morning/evening/bedtime routine at home and how does the child respond to them?

When a support measure is not working, have the adults involved taken a step back to see the bigger picture and assess the potential reasons behind the roadblocks? Has data been collected in order to analyse patterns, triggers, what doesn't work, etc.?

If needed:

- has an <u>Action/Safety Plan</u> been created to offer the child systematic support measures, and for all the adults involved to be on the same page?
- has support been set up from Complementary Services? Have outside services been provided for the child? For the parents?

In exceptional circumstances, such as a crisis with imminent danger (where the safety of the children is at play), are the adults aware of the detailed steps to take as per their school protocols/guidelines?

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