

**CHILD/FAMILY FOCUSED CONSULTATION**  
**OPTIONAL Forms/Documents**

The following best-practice tools are listed in the order that they are discussed in the SEC Curriculum that details the Child/Family Focused Consultation processes. These documents/forms are NOT required *and* may be useful in the consultation process.

Form/Document	Notes
1. Frequently Asked Questions about SEC	-Used to help answer common questions that families/providers may have
2. Letter to Provider	-To inform the provider about SEC services and ways to describe services to families.
3. Letter to Families	-To help providers describe SEC services to families.
4. When to Refer a Child due to Social Emotional Concerns	-Used to help identify the appropriate fit of SEC services by describing common developmental/behavioral red flags children may exhibit, categorized by age.
5. Family Rights and Responsibilities	-Used to detail the roles and expectations of the Social Emotional Consultant and the Family during services.
6. CHILD STRENGTHS AND NEEDS- PROVIDER	-To gather more comprehensive information about a child from the perspective of the provider.
7. CHILD STRENGTHS AND NEEDS – FAMILY	-To gather more comprehensive information about a child from the perspective of the family.
8. Social Emotional Milestones 0-5 yrs.	-To support developmentally appropriate expectations of the provider and family, and to highlight potential areas of need for the child.
9. Cover Letter- Satisfaction Survey for Families	-Used to describe the importance of garnering feedback from families about their experience with SEC services and request to complete the survey.
10. Cover Letter – Satisfaction Survey for Providers	-Used to describe the importance of garnering feedback from providers about their experience with SEC services and request to complete the survey.

## FREQUENTLY ASKED QUESTIONS ABOUT SOCIAL AND EMOTIONAL CONSULTATION (SEC)

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***Programmatic Consultation:*** Social and emotional consultation that focus on the *program* as a whole, supports child care directors and other program leaders by linking a consultant with a provider to improve the social and emotional child care practices and/or policies to benefit all the children and adults in their settings (e.g., developing and implementing a pre- expulsion policy, using social stories to assist children in peer-to-peer relationships, conflict resolution strategies, etc.).

**1. Am I the only child care provider getting this kind of service?**

Absolutely not. There is a huge demand for this type of support! Child care providers across the country say that the number of infants, toddlers and preschoolers with challenging behaviors keeps increasing and that they want consultation and training to do a better job of caring for these children and supporting families.

**2. Will our child care site have to pay for SEC services?**

No. SEC services are free to child care providers and families.

**3. Will information that I share with the SEC be shared with others?**

The consultant won't share any information unless you give your permission in writing.

**4. Once I sign up is SEC mandatory?**

This service is optional and voluntary.

**5. How long does SEC last?**

Previous cases have lasted anywhere from 3-12+ months.

***Child/Family Focused Consultation:*** this type of consultation is centered on helping a provider and family address concerns related to a *particular child and/or family situation*.

**6. Will families have to pay for SEC services?**

No. SEC services are free to child care providers and families.

**7. Will information that I or families' share with the SEC be shared with others?**

The consultant won't share any information unless you and/or families' give permission in writing.

**8. Why does the SEC consultant want to do a home visit? What is she/he looking for?**

The consultant needs as much information as possible in order to figure out what might be causing a child's challenging behavior. A young child can't explain what's going on, so the consultant must rely on what the parents and child care provider tell her. The consultant also relies on her own observations of how the child interacts with other people. Being able to observe the child at child care **and** at home can be very helpful. For example, the consultant may find that the family and the provider are responding very differently to the child's challenging behaviors. If this is the case, the consultant can help the family and provider work together to be more consistent in how they respond to the child. However, home visits are optional.

**9. Will you plan for a child without including me?**

Never. Child care providers and families are the most important people on the SEC team. We look to you to help us learn about and plan for children. All ideas are generated from shared conversation.

**INTRODUCING SOCIAL EMOTIONAL CONSULTATION SERVICES  
TO THE FAMILIES WITH CHILDREN IN YOUR CARE**

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Dear Child Care Provider,

I am excited for the opportunity to provide Social Emotional Consultation (SEC) services to your child care setting! To ensure that families are informed and confidentiality is maintained, the following guidelines are described below:

**To Protect the Confidentiality of Children in Your Program:**

- If you feel a referral is warranted for an individual child, please talk with me in **general and non-identifying terms** about the situation. If individual consultation is warranted, I will provide you with information for speaking with the family and a consent form to use for requesting permission from the family.
- When initially consulting with me about a child, please use the child’s ***gender and age only***. Using names and pointing out specific children should only be used with parent/legal guardian consent first.
- Please only talk to me about specific children in private, when no other families/adults are around.
- If creating a list of those who are using SEC services, only use children’s initials.
- Use blank forms, without children’s names, when discussing systems, policies, & forms (for example, health insurance, immunizations, or daily progress notes).

**To Inform Families:**

- Before SEC services begin, distribute the ‘Social Emotional Consultation- Family Letter’ included in this packet to all families of children enrolled in your program.
- If you issue a newsletter, I suggest adding a copy of the ‘Social Emotional Consultation- Family Letter’ to your next publication.
- If you have families who have additional questions beyond what is addressed in the letter and you are unsure how to address those, please consult with your Social Emotional Consultant.

My goal is to be pro-active in offering information about the Social Emotional Consultation Services that are available. However, no one can predict every question or concern that may arise. Please do not hesitate to contact me if you or your families need additional information.

I look forward to working with you!

*(Add SEC name and contact information here)*

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Dear Family Member,

We know it is important to you that your child enter kindergarten ready and eager to learn. Research shows that children who have healthy minds and bodies, get along well with others, and have involved families will do well in school and life. Our child care setting is taking part in a free support service to help all of our children we serve reach their full learning potential!

One way that we know can best help us, help your child is by using Social Emotional Consultation (SEC) services. Social Emotional Consultants work with caregivers and teachers. Their job is to offer training and guidance to improve the quality of programs for children birth through five years old. An SEC does not directly work with children, one on one. An SECs does offer support by first observing interactions between caregivers and children. If a caregiver or teacher feels it may be helpful for your child to receive more individualized support, you will be asked and need to give written consent first. Both the consultant and child care providers follow several rules to maintain children's confidentiality.

**Social and Emotional Consultants** work with child care providers and staff, as well as offer local trainings to promote social and emotional health. They use techniques that assist children in learning how to handle feelings in a healthy way, improve self-esteem, and get along with others. Individual consultation is available if there is a specific behavioral or developmental concern. A parent/legal guardian can also request SEC services.

**Social and Emotional Consultants (SEC)** can provide two types of consultation:

- **Programmatic consultation** promotes the social-emotional development of all infants, toddlers, preschoolers and staff in a child care program.
- **Child/Family Focused consultation** offers services to child care providers and families to assist a specific child who is having behavioral or emotional difficulties at child care.

Our child care facility looks forward to gaining additional knowledge and skills from working with our Social Emotional Consultant services. To continuously improve these services, this model of Social Emotional Consultation will be evaluated by Michigan State University. Rest assured that no information about your child/children or family is shared publicly. If you have any questions about this service, please contact us. Our goal is to provide excellent care to the children that you entrust to our care.

## WHEN TO REFER A CHILD TO SEC DUE TO SOCIAL-EMOTIONAL CONCERNS

Below are possible reasons for referring a child to SEC. Note that most young children will engage in many of these behaviors from time to time as part of their normal development and don't need to be referred. The children who do need to be referred are those who engage in these behaviors frequently, or for long periods of time, or at an extreme level of intensity. For example, most have tantrums, but a toddler who has 4-5 tantrums a day, or whose tantrums last a half-hour, or who hurts himself during tantrums, probably needs help. Bottom line: if you are worried about the behavior of a particular child, please call a SEC consultant to find out if a referral is indicated.

INFANT (birth to 12 months)	TODDLER (12-36 months)	PRESCHOOLER (3-5 years)
<ol style="list-style-type: none"> <li>1. Shows little preference for any particular adult</li> <li>2. Resists holding</li> <li>3. Cries for prolonged periods</li> <li>4. Is difficult to console</li> <li>5. Rarely makes eye contact with others</li> <li>6. Doesn't show interest in people or things going on around him or her</li> <li>7. Doesn't respond to simple games like peek-a-boo</li> <li>8. Doesn't smile; often appears sad</li> <li>9. Has little energy; appears listless</li> <li>10. Appears fearful or tense</li> <li>11. Has strong reactions to environmental stimuli (light, sound, touch, movement)</li> <li>12. Has sleeping difficulties (sleeps too much or too little)</li> <li>13. Has eating difficulties; is not gaining weight or is losing weight; not growing physically</li> <li>14. Rarely coos, babbles or vocalizes; no babbling or pointing or other gesture by 12 months</li> <li>15. Shows any loss of language or social skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Shows little preference for any particular adult</li> <li>2. Shows no fear of strangers; goes with strangers easily</li> <li>3. Shows excessive dependence on parent or other primary caregiver (e.g., clinginess)</li> <li>4. Does not turn to familiar adults for comfort or help</li> <li>5. Rarely makes eye contact with others</li> <li>6. Doesn't respond when spoken to</li> <li>7. Appears excessively irritable or fearful</li> <li>8. Experiences frequent night terrors</li> <li>9. Appears sad or withdrawn</li> <li>10. Has limited use of words to express feelings</li> <li>11. Is unable to comfort or calm self</li> <li>12. Has difficulty with transitions</li> <li>13. Doesn't explore the environment</li> <li>14. Lacks interest in other people</li> <li>15. Does not engage in play with peers</li> <li>16. Has strong reactions to environmental stimuli (light, sound, touch, movement)</li> <li>17. Exhibits inappropriate aggressive behaviors (e.g., biting, hitting, kicking, tantrums)</li> <li>18. Has no real fear of danger</li> <li>19. Has a very high activity level</li> <li>20. Exhibits inappropriate sexual behavior</li> <li>21. Fixates on a single object</li> <li>22. Makes repetitive body motions such as rocking or hand-flapping</li> <li>23. Laughs or giggles inappropriately</li> <li>24. Has sleeping difficulties</li> <li>25. Exhibits significant language delays, especially:               <ol style="list-style-type: none"> <li>a. No single words by 16 months</li> <li>b. No two-word spontaneous phrases by 24 months (although may be repeating words over and over)</li> </ol> </li> <li>26. Shows any loss of language or social skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Exhibits any of the signs in Toddler Column</li> <li>2. Is easily distracted; unable to focus on an activity</li> <li>3. Has difficulty participating in group activities</li> <li>4. Consistently prefers to play alone</li> <li>5. Does not seem to understand idea of right and wrong</li> <li>6. Exhibits lack of empathy toward others</li> <li>7. Harms self, other people, or animals</li> <li>8. Has difficulty with toileting</li> <li>9. Repeats words or phrases over and over</li> </ol>

## FAMILY RIGHTS AND RESPONSIBILITIES

### Participant's Statement of Rights:

As a participant in Social and Emotional Consultation (SEC) consultation services, I understand I have the ***right*** to:

1. Receive fair, non-discriminatory services that respect the dignity of my family.
2. Provide or decline to provide my written consent to receive services.
3. Withdraw my written consent to receive services at any time.
4. Receive confidential services:
  - a. Information about my family/me will not be shared with outside agencies without my permission unless mandated by law. I may withdraw my permission to share information at any time.
  - b. I may provide or decline to provide written consent to allow my children or me to be videotaped or photographed.
5. Receive quality services that are regularly evaluated:
  - a. I understand program staff will evaluate the effectiveness and delivery of services by collecting and analyzing data I provide. This data will assist the staff in making service improvements. ***I understand that the program will be ask me to assist in the evaluation process both during and after services, by completing a pre and post assessment, along with a satisfaction survey at the end of services.***
  - b. Information collected through the evaluation process may be analyzed by third party; information will include only non-identifying data such as my child's birth, gender, ethnic group, martial status, and response on evaluation forms.
  - c. Results of the evaluation process may be used for professional publication and and/or presentation.
  - d. All information collected during this process will remain confidential within the confines of this agreement unless I provide a written consent to release information.
6. Inspect and copy information from the record that may be used to provide services or make referrals.
7. Amend my record.
8. Obtain an accounting of disclosures.
9. Receive a more detailed description of my rights.

### Participant's Responsibilities:

I also understand that my ***responsibilities*** as a participant in SEC services are to:

1. Maintain the confidentiality of the children and families participating in the child care program.
2. Be available for phone or face-to-face consultations, including parent-provider meetings, if applicable.
3. Complete a pre and post assessment, along with a satisfaction survey at the end of services.
4. Contact the consultant if it is necessary to cancel meetings or observations.
5. Implement those strategies agreed upon by the team and written in an Action Plan, if applicable.

\_\_\_\_\_ Family Initial

**CHILD STRENGTHS AND NEEDS - PROVIDER**

To be completed by SEC consultant and provider

Initial information from child care settings regarding a specific child is gathered through conversations with a child's primary caregiver(s) and through observations by the consultant. This information gathering process helps providers sort out their areas of concern and assists the consultant in trying to understand the meaning behind a child's behaviors. A complete picture is generated through the combining of information from multiple sources (provider, family and observations) over a period of time. It is not important to ask all the questions below or ask them in any specific order. Information gathering should be a natural conversation.

**What Provider Wants from SEC**

1. What information do you feel is important for me (this consultant) to know?
2. What are you expecting from SEC services?
3. What do you hope happens as a result of this referral?

**Child's History with Provider**

4. How long has the child been in this child care program?
5. What is your relationship with the family? What do you know about the child's life at home? Family cultural background and values?

**Child's Strengths and Preferences**

6. What do you see as the child's strengths and abilities? (Refer to *Social and Emotional Milestones of Children Birth to Age 5*.)
7. What are the child's likes and preferences (activities, foods, toys, and people)?

**Child's Daily Functioning**

8. How does the child function throughout the day (arrival, large group, nap, eating, outdoor play, transitions, and departure)?
9. How is the child's energy level? High or low?
10. Is the child's speech and language appropriate to developmental age and experience?
11. Does the child respond to verbal instructions? Action cues?
12. Does the child show any sensitivity to clothes, touch, taste, smell, light, sound, activity level, crowds?
13. How does the child's development seem compared to other children the same age?

**Child's Social-Emotional Skills**

14. Does the child reach out to adults to ask for help (needs and wants) as needed?
15. How does the child tell you when he/she wants or doesn't want something?
16. How does the child express him/herself?
17. Can the child recover easily from upsetting events or over-stimulation?
18. Can the infant/young toddler be comforted by a familiar adult?
19. Can the older child calm him/herself?
20. Does the child play alone or with others? Does the child engage in fantasy play?
21. How does the child interact with other children?
22. How does the child react to being in a group?
23. How does the child respond to transition?

**Behavior Concerns and Needs**

24. When did you first notice the behaviors of concern?
25. Were you concerned about these behaviors when the child first started in your program or have you noticed these behaviors more recently?
26. When does the behavior happen (any time or at certain times, with some people and not others, etc.)?
27. What interventions have you tried? What worked? What didn't work?
28. Does the parent report similar problems at home?

**CHILD STRENGTHS AND NEEDS - FAMILY**

To be completed by SEC consultant and parent

The first meeting with a parent (or other family member) should be a time to get acquainted, to help the parent feel comfortable with you, and to explain the SEC consultation process. The following are suggested questions that can be used to build a relationship with family members and gather important data in order to understand what is going on for the child. The questions have been sequenced so that the parent describes the child's strengths and history before focusing on the behavior concerns, but it is not always necessary to ask all of the questions. Information gathering should be a natural conversation. It's important to assess the parent's relationship with the child, so note how the parent talks about the child while responding to your questions.

**What Parent Wants from SEC**

1. What information do you feel is important for me (this consultant) to know?
2. What are you expecting from SEC services?
3. What do you hope happens as a result of this referral?

**Child Care History**

4. How long has your child been in his/her current child care program?
5. Is this the only child care arrangement you have right now or is your child also cared for by other child care providers (e.g., at other times of the day)?
6. Has your child ever been in any other child care settings? If so, when and where?
7. Has your child ever been asked to leave a previous child care program?

**Family Strengths, Resources, Supports**

8. Who is in the family/home?
9. What are your family's strengths?
10. What are (if any) the current stressors for the child/family?
11. Who can you turn to if you need support?
12. Is your child receiving any other outside services?

**Child Strengths and Preferences**

13. What are your child's strengths and abilities? (Refer to *Social and Emotional Milestones of Children Birth to Age 5*.)
14. What are your child's likes and preferences (activities, foods, toys, and people)?
15. What is your child like at home? Mood? Behavior?
16. What's a good day with your child?
17. What is the hardest part of the day?
18. What are you most proud of about your child?
19. What is your child's favorite place to play?
20. What roles does your child frequently engage in during play?
21. What activities do you most like to share with your child?
22. How do you see your child compared to other children?
23. Does your child have any fears or worries we should be aware of?
24. What does your child do when upset and how is your child best comforted?

**Developmental History/Medical Issues**

25. Was your child born prematurely?
26. Developmental milestones - communication, gross motor, fine motor, and problem-solving domains
27. Medical concerns
28. Lead level testing
29. Current sleeping and eating patterns

**Behavior Concerns and Needs**

30. What is the reason for referral? What behavior are you concerned or worried about?
31. What does the behavior look like? How often? How intense? How long does it last?
32. When does the behavior occur? Not occur?
33. What might be contributing factors? What makes it better or worse?
34. What have you tried to make this situation better? What worked? What didn't?



### Social and Emotional Milestones of Children Birth to Age Five

<b>Young Infant 0-6 months</b>	<ol style="list-style-type: none"> <li>1. Prefers parent or caregiver’s face and voice.</li> <li>2. Smiles back at parent/caregiver.</li> <li>3. Looks at parent/caregiver.</li> <li>4. Anticipates being lifted or fed and moves body to participate.</li> <li>5. Seeks out adults for play. Stretches arms up.</li> </ol>	<ol style="list-style-type: none"> <li>1. Expresses discomfort and comfort/pleasure.</li> <li>2. Responds with more animation and pleasure to parent and familiar caregiver than to others.</li> <li>3. Can usually be comforted by familiar adult when upset.</li> <li>4. Smiles and reacts with obvious pleasure in response to social stimulation - such as playing pat-a-cake</li> <li>5. Laughs aloud (belly laugh).</li> <li>6. Expresses several emotions: pleasure, anger, anxiety or fear, sadness, joy, excitement, disappointment, and exuberance.</li> </ol>	<ol style="list-style-type: none"> <li>1. Sucks fingers or hand.</li> <li>2. Observes own hands.</li> <li>3. Looks to the place on body where they are being touched.</li> <li>4. Reaches for and grasps toys.</li> <li>5. Clasps hands together and fingers them.</li> <li>6. Tries to cause things to happen.</li> <li>7. Begins to distinguish friends from strangers.</li> <li>8. Shows preference for being held by familiar people.</li> </ol>
<b>Mobile Infant 8-18 months</b>	<ol style="list-style-type: none"> <li>1. Exhibits anxious behavior around unfamiliar adults (cries, clings).</li> <li>2. Enjoys exploring objects with parent or familiar caregiver.</li> <li>3. Gets others to do things for them (wind up toys, read books, get dolls).</li> <li>4. Shows considerable interest in other children.</li> <li>5. Shows great interest in adults’ actions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Actively shows affection for familiar person: hugs, smiles at, runs toward, leans against, etc.</li> <li>2. Shows anxiety at separation from primary caregiver (cries, clings).</li> <li>3. Shows anger focused on people or objects.</li> <li>4. Expresses negative feelings.</li> <li>5. Shows pride and pleasure in new accomplishments.</li> <li>6. Shows intense feelings for parents.</li> <li>7. Continues to show pleasure in accomplishments (opening a toy).</li> <li>8. Asserts self, indicating ownership (“That’s mine!”).</li> </ol>	<ol style="list-style-type: none"> <li>1. Knows own name.</li> <li>2. Smiles or plays with self in mirror.</li> <li>3. Explores surroundings.</li> <li>4. Frequently checks for caregiver’s presence.</li> <li>5. Indicates strong sense of self through assertiveness.</li> <li>6. Directs actions of others (“Sit there!”).</li> <li>7. Begins to use “me,” “you,” and “I.”</li> </ol>
<b>Toddler 18-36 months</b>	<ol style="list-style-type: none"> <li>1. Begins to realize others have rights and privileges.</li> <li>2. Gains greater enjoyment from peer play and joint exploration.</li> <li>3. Begins to see benefits of cooperation.</li> <li>4. Identifies self with children of same age or sex.</li> <li>5. Is more aware of the feelings of others.</li> <li>6. Exhibits more impulse control and self-regulation in relation to others.</li> </ol>	<ol style="list-style-type: none"> <li>1. Frequently displays aggressive feelings and behavior.</li> <li>2. Exhibits contrasting states and mood shifts (stubborn versus compliant).</li> <li>3. Shows increased fearfulness (of dark, monsters, etc.).</li> <li>4. Expresses emotions with increasing control.</li> <li>5. Aware of own feelings and those of others.</li> <li>6. Shows pride in creation and production.</li> <li>7. Verbalizes feelings more often.</li> <li>8. Shows empathic concern for others.</li> </ol>	<ol style="list-style-type: none"> <li>1. Shows strong sense of self as an individual, as evidenced by “No” to adult requests.</li> <li>2. Experiences self as a powerful, potent, creative doer.</li> <li>3. Explores everything.</li> <li>4. Becomes capable of self-evaluation and has beginning notions of self (good, bad, attractive, ugly).</li> <li>5. Makes attempts at self-regulation.</li> <li>6. Uses names of self and others.</li> <li>7. Identifies 6 or more body parts.</li> </ol>
<b>Preschool 3-5 years</b>	<ol style="list-style-type: none"> <li>1. Plays well with other children and is willing to share at times.</li> <li>2. Demonstrates a sense of humor, can be silly in order to get other people to laugh.</li> <li>3. Plays with other children rather than next to other children.</li> <li>4. May have a friend.</li> </ol>	<ol style="list-style-type: none"> <li>1. Separates fairly easily, saying goodbye without too much fuss.</li> <li>2. Adjusts to new situations, especially the school routine.</li> <li>3. Trusts and takes direction from familiar adults.</li> <li>4. Expresses emotions verbally to adults and other children (I am mad, I am sad).</li> <li>5. Recognizes feelings of others.</li> </ol>	<ol style="list-style-type: none"> <li>1. Initiates activities based on own needs and desires.</li> <li>2. Can compare own actions with another’s (“I am running fast, Sara is not”).</li> <li>3. Evaluates performance (“I built a BIG tower!”).</li> <li>4. Shows pride in winning or doing well.</li> </ol> <p><i>Adapted from Program for Infant/Toddler Care, WestEd</i></p>

**COVER LETTER  
SATISFACTION SURVEY FOR FAMILIES**

(Date)

Dear (Parent/Family Name),

Thank you for your participation with Social Emotional Consultation services! Now that our consultation services have ended, we are asking you to take a few minutes to express how you feel about your experience with SEC.

Please fill out the attached, one-page **SEC Satisfaction Survey for Parents** and return it in the enclosed stamped, self-addressed envelope. Your responses will be confidential.

Your honest feedback is very important to us because we need it to improve our services for other families and providers. By completing this survey, you will help us do a better job with the children, families and child care providers we will work with in the future, as well as ensure these services are available to continue.

Thank you so much for your assistance with this!

It was a pleasure getting to know you and \_\_\_\_\_  
(Child's Name). Please call if you have any future concerns or questions.

Take Care,

(Consultant Name)

**COVER LETTER**  
**SATISFACTION SURVEY FOR CHILD CARE PROVIDERS**

(Date)

Dear (Child Care Contact Name) and Staff,

Thank you for your participation with the SEC services! Now that our consultation services have ended, we are asking you to take a few minutes to let us know how you feel about your experience with SEC.

Please fill out the attached, one-page SEC Satisfaction Survey for Child Care Providers and return it in the enclosed stamped, self-addressed envelope. Your responses will be confidential.

Your honest feedback is very important to us because we need it to improve our services for other providers and families. By completing this survey, you will help us do a better job with the children, families and child care providers we will work with in the future, as well as ensure these services are available to continue. Thank you so much for your assistance with this.

It was a pleasure to get to know and work with you. Please call if you have any future concerns or questions.

Take Care,

(Consultant Name)