

Regulation and Support Record

Student Name	Grade	Date	Time/Duration
Classroom Teacher		Location	
Person Completing Form		Role	

Antecedents/Context (What was happening?)

- ☐ Fatigue / Feeling ill
- ☐ Sensory overstimulation
- ☐ Transition (between activities, locations, or tasks)
- ☐ Direction / instruction / interaction from staff
- ☐ Unstructured activity
- ☐ Change in routine / staff
- ☐ Interaction with peer
- ☐ Other: _____

Comments:

Behaviour/Observable Signals (How did the student show difficulty?)

- ☐ Verbal reactions (words or tone)
- ☐ Physical reactions (actions or gestures)
- ☐ Leaves area (with or without communication)
- ☐ Withdrawing (quiet, shutdown, non-communicative)
- ☐ Task refusal / non-initiation
- ☐ Other: _____

Comments:

How did adults support or respond?

What was the result? How did the student respond? What helped or didn't help?

What skill gap(s) might be connected?

- ☐ Flexibility / Adaptability
- ☐ Frustration Tolerance
- ☐ Problem-Solving/Social Skills
- ☐ Communication / Expressing needs
- ☐ Other: _____

What might be the unsolved problem be? (e.g., "Difficulty stopping preferred activity when asked to transition.")

Who will connect with the student? When?

Submission

Complete and submit to admin. Admin will review and give to
Counsellor.