**PTR Blank Forms**

**Step 5-Evaluation**

**Self-Evaluation: Evaluation, Monitoring, and Maintenance**

**Social Validity**

*Please score each item by circling the number that best indicates how you feel about the PTR intervention(s).*

1. Given this student’s behavior problems, how acceptable do you find the PTR behavior plan?

1 2 3 4 5

Not at all Neutral Very acceptable

acceptable

1. How willing are you to carry out this behavior plan?

1 2 3 4 5

Not at all Neutral Very willing

willing

1. To what extent do you think there might be disadvantages in following this behavior plan?

1 2 3 4 5

None Neutral Many likely

likely

1. How much time will be needed each day for you to carry out this behavior plan?

1 2 3 4 5

Little time Neutral Much time

will be needed will be needed

1. How confident are you that the behavior plan will be effective for this student?

1 2 3 4 5

Not at all Neutral Very confident

confident

1. How likely is this behavior plan to make permanent improvements in this student’s behavior?

1 2 3 4 5

Unlikely Neutral Very likely

1. How disruptive will it be to carry out this behavior plan?

1 2 3 4 5

Not at all Neutral Very disruptive

disruptive

1. How much do you like the procedures used in the proposed behavior plan?

1 2 3 4 5

Do not like Neutral Like them

them at all very much

1. How willing will other staff members be to help carry out this behavior plan?

1 2 3 4 5

Not at all Neutral Very willing

willing

1. To what extent are undesirable side-effects likely to result from this behavior plan?

1 2 3 4 5

No side- Neutral Many side-

effects likely effects likely

1. How much discomfort is this student likely to experience during this behavior plan?

1 2 3 4 5

No discomfort Neutral Very much

at all discomfort

1. How willing would you be to change your routines to carry out this behavior plan?

1 2 3 4 5

Not at all Neutral Very willing

1. How well will carrying out this behavior plan fit into the existing routine?

1 2 3 4 5

Not at all Neutral Very well

well

1. How effective will the intervention be in teaching your student appropriate behavior?

1 2 3 4 5

Not at all Neutral Very effective

effective

1. How well does the goal of the intervention fit with the team’s goals to improve the student’s behavior?

1 2 3 4 5

Not at all Neutral Very much

(Adapted from the TREATMENT ACCEPTABILITY RATING FORM—REVISED; TARF-R, Reimers & Wacker, 1988)