

# **PTR Forms and Tools**

## PTR Goal Setting: Facilitator Form

Student \_\_\_\_\_ Date \_\_\_\_\_

Directions: In the left column, list between one and three behaviors you wish to see less of and more of from the student.

Behaviors to DECREASE	
Target behavior	Definition (clear and observable)
1.	
2.	
3.	
Behaviors to INCREASE	
Target behavior	Definition (clear and observable)
1.	
2.	
3.	

# Individualized Behavior Rating Scale Tool

Student \_\_\_\_\_ Date \_\_\_\_\_

Teacher(s) \_\_\_\_\_ School \_\_\_\_\_

Behavior	Rating	Dates																			
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

(continued)

Student \_\_\_\_\_ Date \_\_\_\_\_

Teacher(s) \_\_\_\_\_ School \_\_\_\_\_

KEY		
Challenging Behavior:		
Time/Routine:	___ All day	___ Specific Time/Routine:
Definition:		
	5 = Extremely difficult day	
	4 = Typical bad day	
	3 = So-so day	
	2 = Good day	
	1 = Fantastic day	
Replacement/alternate desired behavior:		
Time/Routine:	___ All day	___ Specific Time/Routine:
Definition:		
	5 = Fantastic day	
	4 = Good day	
	3 = So-so day	
	2 = Typical bad day	
	1 = Extremely difficult day	
Replacement/alternate desired behavior:		
Time/Routine:	___ All day	___ Specific Time/Routine:
Definition:		
	5 = Fantastic day	
	4 = Good day	
	3 = So-so day	
	2 = Typical bad day	
	1 = Extremely difficult day	

# PTR Functional Behavioral Assessment Checklist

Student \_\_\_\_\_ Responder \_\_\_\_\_ Behavior \_\_\_\_\_

**Directions:**

1. The following PTR Functional Behavioral Assessment (FBA) comprises three sections—Prevent, Teach, and Reinforce—and is five pages in length.
2. Complete one PTR-FBA for each challenging behavior targeted on the Individualized Behavior Rating Scale Tool (IBRST). For example, if “hitting others” and “screaming” are listed on the IBRST, then two PTR-FBAs will be completed.
3. Do not complete the assessment on any prosocial/desired behaviors targeted on the IBRST.
4. List the challenging behavior on the top of each assessment form to ensure responses are given only for that behavior.
5. Answer each question by checking all the appropriate areas that apply or by writing the response(s) that best describes events related to the challenging behavior specified.

## PTR Functional Behavioral Assessment: *Prevent* Component

1a. Are there <i>times of the school day</i> when challenging behavior is <i>most likely</i> to occur? If yes, what are they?		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> During meals <input type="checkbox"/> After meals	<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal
Other:		
1b. Are there <i>times of the school day</i> when challenging behavior is <i>very unlikely</i> to occur? If yes, what are they?		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	<input type="checkbox"/> Before meals <input type="checkbox"/> During meals <input type="checkbox"/> After meals	<input type="checkbox"/> Arrival <input type="checkbox"/> Dismissal
Other:		
2a. Are there <i>specific activities/routines</i> when challenging behavior is <i>very likely</i> to occur? If yes, what are they?		
<input type="checkbox"/> Reading/language arts <input type="checkbox"/> Independent work <input type="checkbox"/> One to one <input type="checkbox"/> Free time <input type="checkbox"/> Worksheets, seat work <input type="checkbox"/> Writing <input type="checkbox"/> Small-group work	<input type="checkbox"/> Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Peer/cooperative work <input type="checkbox"/> Math <input type="checkbox"/> Large-group work <input type="checkbox"/> Recess <input type="checkbox"/> Centers	<input type="checkbox"/> Specials (specify) _____ <input type="checkbox"/> Science <input type="checkbox"/> Riding the bus <input type="checkbox"/> Lunch <input type="checkbox"/> Discussions/question and answer <input type="checkbox"/> Transitions (specify) _____
Other:		
2b. Are there <i>specific activities/routines</i> in which challenging behavior is <i>very unlikely</i> to occur? What are they?		
<input type="checkbox"/> Reading/language arts <input type="checkbox"/> Independent work <input type="checkbox"/> One to one <input type="checkbox"/> Free time <input type="checkbox"/> Worksheets, seat work <input type="checkbox"/> Writing <input type="checkbox"/> Small-group work	<input type="checkbox"/> Computer <input type="checkbox"/> Tablet <input type="checkbox"/> Peer/cooperative work <input type="checkbox"/> Math <input type="checkbox"/> Large-group work <input type="checkbox"/> Recess <input type="checkbox"/> Centers	<input type="checkbox"/> Specials (specify) _____ <input type="checkbox"/> Science <input type="checkbox"/> Riding the bus <input type="checkbox"/> Lunch <input type="checkbox"/> Discussions/question and answer <input type="checkbox"/> Transitions (specify) _____
Other:		

(continued)

Student \_\_\_\_\_ Responder \_\_\_\_\_ Behavior \_\_\_\_\_

3a. Are there <b>specific classmates or adults</b> whose proximity is associated with a <b>high likelihood</b> of challenging behavior? If so, who are they?		
<input type="checkbox"/> Peers <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Paraprofessional(s) <input type="checkbox"/> Other school staff	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Bus driver <input type="checkbox"/> Parent <input type="checkbox"/> Other family member (specify) _____ _____
Other: _____		
3b. Are there <b>specific classmates or adults</b> whose proximity is associated with a high likelihood of challenging behavior <b>not being</b> exhibited? If so, who are they?		
<input type="checkbox"/> Peers <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Paraprofessional(s) <input type="checkbox"/> Other school staff	Specify: _____ Specify: _____ Specify: _____ Specify: _____	<input type="checkbox"/> Bus driver <input type="checkbox"/> Parent <input type="checkbox"/> Other family member (specify) _____ _____
Other: _____		
4. Are there <b>specific circumstances</b> in which the challenging behavior is <b>very likely</b> to occur? Please indicate the top 3–5 circumstances that are the most likely to trigger the challenging behavior.		
<input type="checkbox"/> Request to start task <input type="checkbox"/> Being told work is wrong <input type="checkbox"/> Reprimand or correction <input type="checkbox"/> Told “no” <input type="checkbox"/> Seated near specific peer <input type="checkbox"/> Peer teasing or comments <input type="checkbox"/> Change in schedule	<input type="checkbox"/> Task too difficult <input type="checkbox"/> Task too long <input type="checkbox"/> Task is boring <input type="checkbox"/> Task is repetitive (same task daily) <input type="checkbox"/> Novel task <input type="checkbox"/> Transition <input type="checkbox"/> End of preferred activity	<input type="checkbox"/> Removal of preferred item <input type="checkbox"/> Start of nonpreferred activity <input type="checkbox"/> Student is alone <input type="checkbox"/> Unstructured time <input type="checkbox"/> Down time (no task specified) <input type="checkbox"/> Teacher is attending to other students
Other: _____		
If the challenging behavior happens most often during academic time/work, does the student have the skills to do the work being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are there <b>specific circumstances</b> in which the challenging behavior is <b>very unlikely</b> to occur?		
6. Are there conditions in the <b>physical environment</b> that are associated with a high likelihood of challenging behavior? For example, too warm or too cold, too crowded, too much noise, too chaotic, or weather conditions.		
<input type="checkbox"/> Yes (specify) _____		<input type="checkbox"/> No
7. Are there circumstances <b>unrelated to the school setting</b> that occur on some days but not on other days that may make challenging behavior more likely?		
<input type="checkbox"/> Illness <input type="checkbox"/> Allergies <input type="checkbox"/> Physical condition <input type="checkbox"/> Hormones or menstrual cycle <input type="checkbox"/> No medication <input type="checkbox"/> Change in medication	<input type="checkbox"/> Hunger <input type="checkbox"/> Parties or social event <input type="checkbox"/> Change in diet <input type="checkbox"/> Drug/alcohol abuse <input type="checkbox"/> Bus conflict <input type="checkbox"/> Fatigue	<input type="checkbox"/> Change in routine <input type="checkbox"/> Parent not home <input type="checkbox"/> Home conflict <input type="checkbox"/> Sleep deprivation <input type="checkbox"/> Stayed with noncustodial parent
Other: _____		
Additional comments not previously addressed in the <i>Prevent</i> component.		

(continued)

Student \_\_\_\_\_ Responder \_\_\_\_\_ Behavior \_\_\_\_\_

**PTR Functional Behavioral Assessment: Teach Component**

1. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>gain attention from peers</b> ?		
___ Yes <i>List the specific peers:</i> _____	___ No	
2. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>gain attention from adults</b> ? If so, are there particular adults whose attention is solicited?		
___ Yes <i>List the specific adults:</i> _____	___ No	
3. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>obtain items or preferred activities</b> (e.g., games, electronics, materials, food) from peers or adults?		
___ Yes <i>List the specific objects:</i> _____	___ No	
4. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>avoid or delay a transition</b> from a preferred activity to a nonpreferred activity?		
___ Yes <i>List the specific transitions:</i> _____	___ No	
5. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>avoid or delay</b> a nonpreferred (e.g., difficult, boring, repetitive) task or activity?		
___ Yes <i>List the specific nonpreferred tasks or activities:</i> _____	___ No	
6. Does the ( <i>behavior</i> ) seem to be exhibited in order to <b>get away from</b> a nonpreferred classmate or adult?		
___ Yes <i>List the specific peers or adults:</i> _____	___ No	
7. What behaviors could the student be taught to do that would help meet academic goals? Select 3–5 behaviors that would academically enable the student to participate and meet academic goals.		
<input type="checkbox"/> Academically engage <input type="checkbox"/> Socially engage (e.g., works cooperatively with peers and adults, interacts appropriately) <input type="checkbox"/> Participate, persist, and be engaged	<input type="checkbox"/> Homework completion <input type="checkbox"/> Organizational strategies <input type="checkbox"/> Communicate effectively <input type="checkbox"/> Self-regulation (e.g., controls temper, obeys rules, copes with stress)	<input type="checkbox"/> Work productively (complete and turn in assignments) <input type="checkbox"/> Time management <input type="checkbox"/> Attend school regularly
Additional comments not previously addressed in the <i>Teach</i> component.		

(continued)





## PTR Functional Behavioral Assessment Summary Table

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

	Behavior	Antecedent ( <i>Prevent</i> data)	Function ( <i>Teach</i> data)	Consequences ( <i>Reinforce</i> data)
Challenging behavior				
Appropriate behavior				

Possible Hypotheses			
	When . . .	He or she will . . .	As a result, he or she . . .
Challenging behavior			
Replacement behavior			

## PTR Intervention Checklist

Student \_\_\_\_\_ Date \_\_\_\_\_

<b>Prevent interventions</b>	<b>Teach interventions</b>	<b>Reinforce interventions</b>
<input type="checkbox"/> Provide choices	<b>*Replacement behavior</b> <input type="checkbox"/> Functionally equivalent <input type="checkbox"/> Alternative skill (desired)	<b>*Reinforce replacement behavior</b> <input type="checkbox"/> *Functionally equivalent <input type="checkbox"/> Alternative skill (desired)
<input type="checkbox"/> Transition supports	<input type="checkbox"/> Teach specific academic skills	<b>*<input type="checkbox"/> Discontinue reinforcement of problem behavior</b>
<input type="checkbox"/> Environmental supports (enhance independence, engagement, predictability)	<input type="checkbox"/> Teach problem-solving strategies	
<input type="checkbox"/> Curricular modifications	<input type="checkbox"/> Teach general coping strategies	
<input type="checkbox"/> Stay close/Noncontingent attention (positive, caring comments; positive gestures)	<input type="checkbox"/> Teach specific social skills	
<input type="checkbox"/> Classroom management (whole class)	<input type="checkbox"/> Teach active engagement	
<input type="checkbox"/> Peer modeling	<input type="checkbox"/> Teach learning skills strategies	
<input type="checkbox"/> Setting event (slow trigger) modification/neutralization	<input type="checkbox"/> Teach self-management (self-monitoring)	
<input type="checkbox"/> Peer collaboration/Support	<input type="checkbox"/> Teach independent responding	
Does the severity or intensity of the student's problem behavior pose a safety threat or danger to the student or to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a crisis or safety plan needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Required to be selected and included in the student's PTR Behavior Intervention Plan.

## PTR Intervention Scoring Table

Student \_\_\_\_\_ Date \_\_\_\_\_

Hypothesis:

<i>Prevent</i>	<i>Rank</i>	<i>Teach</i>	<i>Rank</i>	<i>Reinforce</i>	<i>Rank</i>

\*Indicates teacher ranked intervention strategy as 1.

# Task Analysis of PTR Behavior Intervention Plan

Student \_\_\_\_\_ Date \_\_\_\_\_

Hypothesis:

Intervention type	Specific steps	Action items
<b>Prevent behavior intervention(s)</b>		

(continued)

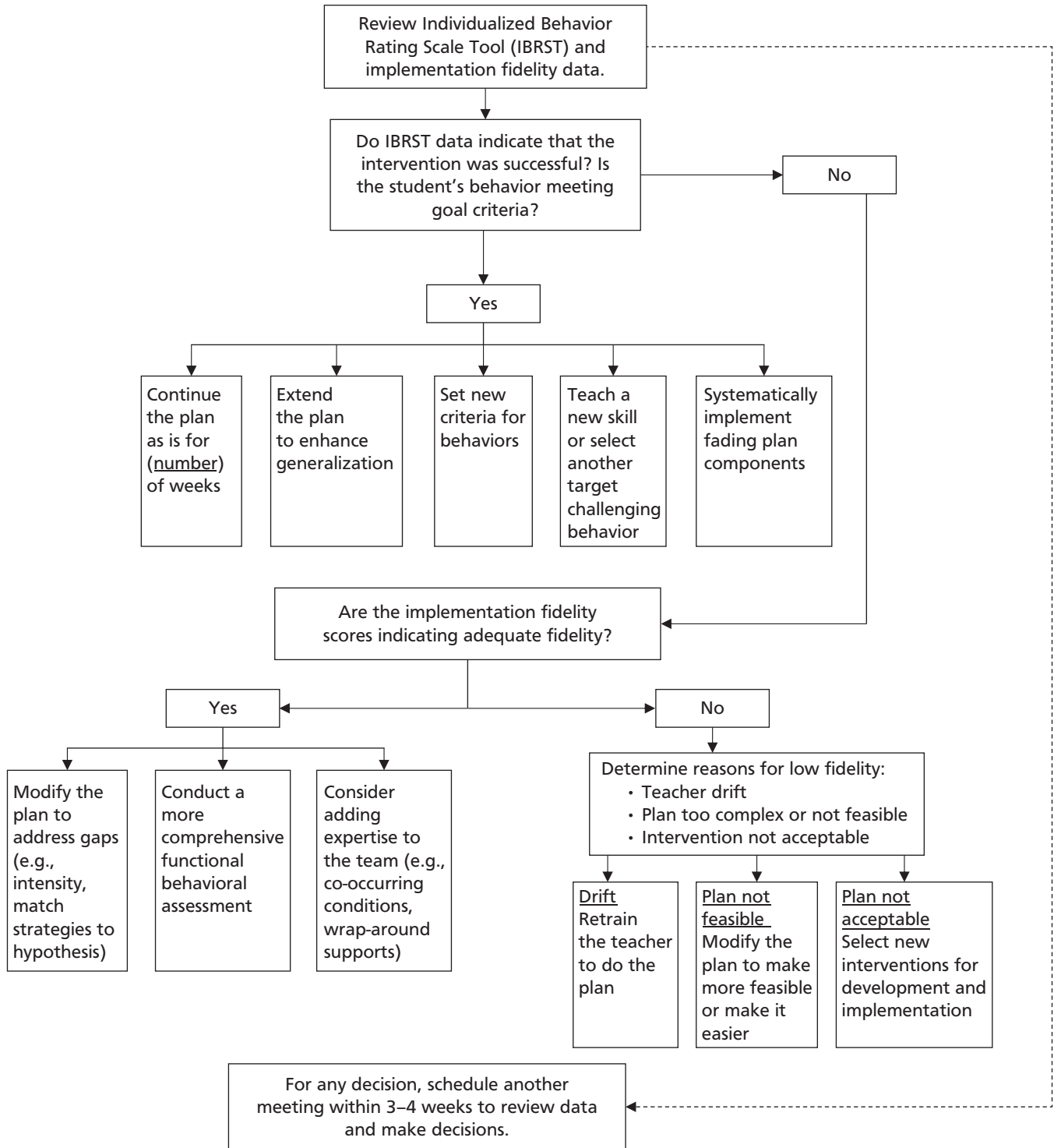
Student \_\_\_\_\_ Date \_\_\_\_\_

Intervention type	Specific steps	Action items
<b>Teach behavior intervention(s)</b>		
Replacement behavior:		

(continued)



## Decision-Making Tree for Reviewing PTR Data



**TIER 3 Supports: Data Based Decision Making**  
**\*For students who currently receive individualized supports\***

<b>Date and time</b>	
Data-Based Decision Making Points	
1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below.	YES NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____ If NO, jump to question 4 below.	YES NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:	
<p><b>(a) Give the plan more time</b> Date of next follow-up meeting (no more than 3 weeks) _____</p> <p><b>(b) Modify the plan</b> Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____</p> <p><b>(c) Conduct a more comprehensive FBA</b> Team/facilitator conducting FBA: _____ Date contact made with district support person: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____</p> <p><b>(d) Refer the student for additional assessment(s) such as a psychoeducational evaluation to determine if the student has a disability and would benefit from special education services.</b> Who will arrange for an evaluation and when: _____ Date of evaluation results meeting: _____ Determination: _____</p> <p><b>(e) Seek support from district contact person to access additional expertise for planning and implementing non-school based interventions (e.g. extensive mental health):</b> Who will make contact and when: _____ District Contact Person: _____ Date of problem solving meeting (no more than 3 weeks): _____ Resources offered: _____</p>	
4. NO, intervention not successful: NO, plan was NOT implemented as intended.	
<p>(a) Retrain the teacher (date of retraining: _____)</p> <p>(b) Modify the plan to make more feasible Date of meeting to develop modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____</p> <p>(c) Select new interventions that are more acceptable and match the hypothesis Date of meeting to develop new plan _____ Date of next follow-up meeting (no more than 3 weeks) _____</p>	



5. YES, intervention effective and YES, plan implemented as intended.		
(a) Extend the plan by implementing in another problematic routine or with other people (b) Establish new goal/increase criteria (c) Teach a new skill (d) Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention) (e) Other (specify) _____		
<b>Date and time 2<sup>nd</sup> follow-up meeting</b>		
1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below	YES	NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? If NO, jump to question 4 below.	YES	NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:		
<b>(f) Give the plan more time</b> Date of next follow-up meeting (no more than 3 weeks) _____		
<b>(g) Modify the plan</b> Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____		
<b>(h) Conduct a more comprehensive FBA</b> Team/facilitator conducting FBA: _____ Date contact made with district support person: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____		
<b>(i) Refer the student for additional assessment(s) such as a psychoeducational evaluation to determine if the student has a disability and would benefit from special education services.</b> Who will arrange for an evaluation and when: _____ Date of evaluation results meeting: _____ Determination: _____		
<b>(j) Seek support from district contact person to access additional expertise for planning and implementing non-school based interventions (e.g. extensive mental health):</b> Who will make contact and when: _____ District Contact Person: _____ Date of problem solving meeting (no more than 3 weeks): _____ Resources offered: _____		
4. NO, intervention not successful: NO, plan was NOT implemented as intended. Determine next step.		
(a) Retrain the teacher (date of retraining: _____) (a) Modify the plan to make more feasible Date of meeting to develop modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____ (b) Select new interventions that are more acceptable and match the hypothesis Date of meeting to develop new plan _____ Date of next follow-up meeting (no more than 3 weeks) _____		

5. YES, intervention effective and YES, plan implemented as intended. Determine next step.

- (a) Extend the plan by implementing in another problematic routine or with other people
- (b) Establish new goal/increase criteria
- (c) Teach a new skill
- (d) Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention)
- (e) Other (specify) \_\_\_\_\_

*Adapted from Prevent-Teach-Reinforce Materials*