**Tier 3 - Functional Behavioral Assessment and Behavior Support Plan**

**Team Facilitator Step by Step Process**

* Referral is made from TIER 2 *(Form A, given at first training)*
* Facilitator meets with teacher:
	+ Complete increase and decrease behavioral form *(Form B, given at first training)*
		- Operationalize behaviors to increase and decrease
	+ Give PTR assessment questionnaires *(Form C, given at first training)*
		- All teachers
		- Family
	+ Create data sheet for teacher to keep preliminary data
	+ Teacher complete reinforcement interview/inventory with student

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* + Get PTR assessment questions back and summarize assessment questionnaires
	+ Draft hypothesis
* Meeting 1 - *(Form D, given at first training)*
	+ Student strengths are highlighted
	+ Operationalize targeted behaviors for change
	+ Pick the most salient targeted behaviors for change
	+ Pick the most appropriate (replacement) behaviors
	+ Review summary of PTR assessment data
	+ Discuss the slow, fast triggers
	+ Discuss the consequences
	+ Discuss the probable function
	+ Facilitator reviews hypothesis
	+ Create behavioral rating scale or other data collection tool *(Form E-Page 2)*
* Keep behavior data for one to two weeks (Baseline data)

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* Meeting 2
	+ Review hypothesis
	+ Review trends in baseline behavioral data
	+ PTR Plan Checklist *(Form F-Page 3)*
	+ Teach ideas *(Form G-Page 4)*
	+ Prevent ideas *(Form G-Page 4)*
	+ Reinforce ideas *(Form G-Page5)*
	+ Fidelity Plan
		- PTR Plan Assessment *(Form H-Page 6)*
		- Weekly Behavior Support Plan Assessment (Form I-Page 8)
* 2 week follow up meeting
	+ BSP Review Form (Form J-Page 9)

**Behavior Rating Scale (data collection tool)** - (Form E)

**Identify problem behavior and replacement behavior (adapted from Prevent Teach Reinforce)**

 Student:      School:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Targeted behavior**  | **Date** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                           | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 |
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| [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] |                           | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 | 54321 |

**KEY:**

**BEHAVIOR SUPPORT PLAN:**

**PTR Intervention Checklist** (Form F)

Student:       School:       Date:      Completed by:

Hypothesis:

|  |  |  |
| --- | --- | --- |
| **Prevention****Interventions** | **Teaching****Interventions** | **Reinforcement****Interventions** |
| [ ]  Providing Choices | **\*\*Replacement Behavior** *(What appropriate behavior will be taught)*[ ]  Functional [ ]  Incompatible  | **\*\*Reinforce Replacement Behavior** *(Write in the function of the problem behavior from the hypothesis)*[ ]  Functional [ ]  Incompatible  |
| [ ]  Transition Supports | [ ]  Specific Academic Skills | [ ]  Discontinue Reinforcement of Problem Behavior |
| [ ]  Environmental Supports | [ ]  Problem Solving Strategies | [ ]  Group Contingencies (peer, teacher) |
| [ ]  Curricular Modification (eliminating triggers) | [ ]  General Coping Strategies | [ ]  Increase Ratio of + to – Responses |
| [ ]  Adult Verbal Behavior (just be nice) | [ ]  Specific Social Skills | [ ]  Home to School Reinforcement System |
| [ ]  Classroom Management | [ ]  Teacher Pleasing Behaviors | [ ]  Delayed Gratification |
| [ ]  Increase Non-Contingent Reinforcement | [ ]  Learning Skills Strategies |  |
| [ ]  Setting Event Modification | [ ]  Self-Management (self-monitoring) |  |
| [ ]  Opportunity for Pro-Social Behavior (peer support) | [ ]  Independent Responding |  |
| [ ]  Peer Modeling or Peer Reinforcement | [ ]  Increased Engaged Time |  |
| Does the severity or intensity of the student’s problem behavior pose a threat to self or others? [ ]  Yes [ ]  NoIf yes, is a crisis intervention plan needed? [ ]  Yes [ ]  No |

**\*\***All asterisked interventions need to be selected and included in the student’s PTR Intervention Plan

**Behavior Intervention Plan/Positive Behavior Support Plan** (Form G)

Hypothesis:

|  |
| --- |
| **PREVENT Interventions** |
| Intervention Strategy | Description and Steps | Comments |
|  |  |  |

|  |
| --- |
| **TEACH Interventions** |
| Intervention Strategy | Description and Steps | Comments |
|  |  |  |

|  |
| --- |
| **Behavior Intervention Plan/Positive Behavior Support Plan** (Form G)**REINFORCE Interventions** |
| Intervention Strategy | Description and Steps | Comments |
|  |  |  |

**PTR Plan Assessment (Fidelity)** (Form H)

**Teacher: Student: Date:**

|  |  |  |
| --- | --- | --- |
| **Interventions****PREVENT** | **Implemented** | **Impact** |
|  | Y / N / NA | 1 2 3 4 5 |
| **TEACH** |  |  |
| Replacement behavior | Y / N / NA | 1 2 3 4 5 |
| **REINFORCE** |  |  |
| Reinforce replacement behavior | Y / N / NA | 1 2 3 4 5 |
|  |  |  |
| **Behavior Plan Assessment: Y/Y + N total** |  |  |

**PTR Plan Assessment– EXAMPLE**

**Teacher: Student: Date:**

|  |  |  |
| --- | --- | --- |
| **Interventions****PREVENT** | **Implemented** | **Impact****(1 = no impact; 5 = great impact)** |
| Transition Supports—visual checklist* + Visual checklist provided to Isaiah
	+ Choice of reinforcement presented and described on checklist
 | Y / N / NAY / N / NA | 1 2 3 4 51 2 3 4 5 |
| **TEACH** |  |  |
| Replacement behavior—academic engagement* Checklist reviewed during study skills class
* Goal set
* Gave 1 minute at end of class for Isaiah to self-assess
* Reviewed Isaiah’s self-assessment and gave feedback

Replacement behavior—escape by asking to be excused* Prior to non-preferred activity, provided a verbal prompt/cue to remind Isaiah that he can ask to be excused.
 | Y / N / NAY / N / NAY / N / NAY / N / NA Y / N / NA | 1 2 3 4 51 2 3 4 51 2 3 4 51 2 3 4 51 2 3 4 5 |
| **REINFORCE** |  |  |
| Reinforce academic engagement* Presented choice reinforcement menu to Isaiah when goal met
* Provided verbal praise
* Provided reinforcement for surpassing goal

Reinforce asking to be excused* Provide 1 minute break each time Isaiah asks to be excused
 | Y / N / NAY / N / NAY / N / NAY / N / NA | 1 2 3 4 51 2 3 4 51 2 3 4 51 2 3 4 5 |
| Discontinue reinforcement of problem behavior* Got Isaiah’s attention and used agreed upon signal when Isaiah stops
* Waited for Isaiah’s attending response
* Tapped activity on teacher copy of checklist to remind Isaiah to be engaged
* Sidebar in hallway if Isaiah stops again
 | Y / N / NAY / N / NAY / N / NAY / N / NA | 1 2 3 4 51 2 3 4 51 2 3 4 51 2 3 4 5 |
|  |  |  |
| **Behavior Plan Assessment Implementation: Total # of Y/Y + N total** |  |  |

**Weekly Behavior Support Plan Assessment (Form I)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_

|  |
| --- |
| 1. **To what level did we implement the plan we proposed?**
 |
| Low |  | Moderate |  | High |
| 1 | 2 | 3 | 4 | 5 |
| Comments: |
| 1. **To what degree is the plan having a positive impact on the student’s behavior?**
 |
| Low |  | Moderate |  | High |
| 1 | 2 | 3 | 4 | 5 |
| Comments: |
| 1. **To what degree is the plan having a positive impact on the student’s academic achievement?**
 |
| Low |  | Moderate |  | High |
| 1 | 2 | 3 | 4 | 5 |
| Comments: |

**Behavior Support Plan Review (Form J)**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Teacher/Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the behavior plan being implemented? \_\_\_\_\_\_Yes \_\_\_\_\_\_No
2. How is progress being monitored? \_\_\_\_\_\_Point Card \_\_\_\_\_\_Classroom Behavior Clip System

\_\_\_\_\_\_Behavior Tracking Sheet \_\_\_\_\_\_Classroom Observations (i.e. time on-task)

\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Evaluation of data: Has the student made progress toward attaining his or her behavioral goal(s)?

\_\_\_\_\_\_**Insufficient Progress** – The team should meet to conduct a review meeting to modify the current

plan to meet the student’s behavioral needs. The function of the behaviors, target behaviors, interventions, consequences for positive/negative behaviors, and data collection methods should be considered when modifying the current behavior intervention plan.

\_\_\_\_\_\_**Sufficient Progress** – The current behavior support plan is appropriately meeting the student’s behavioral needs.

The student is making progress toward his/her goal(s) and would continue to benefit from the supports that the current behavior intervention plan provides.

\_\_\_\_\_\_**Goal(s) Attained** – The student has demonstrated consistent attainment of behavioral goals for at

least six weeks and no longer needs the supports provided through the behavior support plan. *(Please attach supporting data sheet.)*

1. Additional Notes/Comments:
2. Parent/Guardian Contact: \_\_\_\_\_\_Phone \_\_\_\_\_\_\_Email \_\_\_\_\_\_\_Meeting

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contacted By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Next Behavior Support Plan Review Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signatures***

Case Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Ed. Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Psychologist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Include Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Copies To****: Parent/Guardian, Case Manager/Teacher, School Psychologist, Special Education Coordinator, Administration.*

***Please Attach Current Behavior Support Plan***