

Basic FBA to BSP Forms

- a. **FACTS – Functional Assessment Checklist for Teachers & Staff (2 pages)**
- b. **FACTS for Students (2 pages)**
- c. **ABC Recording Form (3 pages)**
- d. **Summary of Behavior Form**
- e. **BSP Form – Competing Behavior Pathway**
- f. **Implementation Planning form**
- g. **Implementation Planning Table Tent**
- h. **Evaluation Plan**
- i. **Daily Point Card & Daily Implementation Checklist (2 pages)**
- j. **BSP Review Form**

For Teachers/Staff: Functional Assessment Checklist for Teachers and Staff (FACTS-Part A)

Student: _____ Grade _____ Date: _____
 Staff Interviewed: _____ Interviewer: _____

Student Strengths: Identify at least three strengths or contributions the student brings to school.

Academic strengths - _____
Social/Recreational - _____
Other - _____

ROUTINES ANALYSIS: Where, When and With Whom Problem Behaviors are Most Likely.

Time	Activity & Staff Involved	Likelihood of Problem Behavior						Specific Problem Behavior	Current Intervention for the Problem Behavior
		Low 1	2	3	4	5	High 6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		
If problem behaviors occur in more than 2 routines, refer case to behavior specialist		

BEHAVIOR(s): Rank order the top priority problem behaviors occurring in the targeted routine above:

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fight/physical Aggression	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Theft
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Work not done	<input type="checkbox"/> Other _____
Describe prioritized problem behavior(s) in observable terms: _____			

What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?	
What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?	

Is Behavior Immediate Danger to self/others?	Y N If Yes, refer case to behavior specialist
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Adapted by S.Loman (2009) from C. Borgmeier (2005); March, Horner, Lewis-Palmer, Brown, Crone & Todd (1999)

Functional Assessment Checklist for Teachers & Staff (FACTS-Part B)

Identify the Target Routine: Select ONE of the prioritized routines from FACTS-Part A for assessment.

Routine/Activities/Context	Problem Behavior(s) – make description observable

ANTECEDENT(s): Rank Order the strongest triggers/predictors of problem behavior in the routine above. Then ask corresponding follow-up question(s) to get a *detailed* understanding of triggers ranked #1 & 2.

Environmental Features (Rank order strongest 2)	Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. task too hard <input type="checkbox"/> b. task too easy <input type="checkbox"/> c. bored w/ task <input type="checkbox"/> d. task too long <input type="checkbox"/> e. physical demand <input type="checkbox"/> f. correction/reprimand <input type="checkbox"/> Other _____ Describe _____	<input type="checkbox"/> g. large group instruction <input type="checkbox"/> h. small group work <input type="checkbox"/> i. independent work <input type="checkbox"/> j. unstructured time <input type="checkbox"/> k. transitions <input type="checkbox"/> l. with peers <input type="checkbox"/> m. isolated/no attention
	If a,b,c,d or e - describe task/demand in detail _____ If f - describe <u>purpose</u> of correction, voice tone, volume etc. If g, h, I, j or k - describe setting/activity/content in detail If l – what peers? _____ If m – describe - _____

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. The ask follow-up questions to detail consequences ranked #1 & 2.

Consequences/Function	As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. get adult attention <input type="checkbox"/> b. get peer attention <input type="checkbox"/> c. get preferred activity <input type="checkbox"/> d. get object/things/money <input type="checkbox"/> e. get sensation <input type="checkbox"/> f. get other, describe _____ <input type="checkbox"/> g. avoid undesired activity/task <input type="checkbox"/> h. avoid sensation <input type="checkbox"/> i. avoid adult attention <input type="checkbox"/> j. avoid peer attention <input type="checkbox"/> k. avoid/escape other, describe _____ <input type="checkbox"/> _____	If a or b -- Whose attention is obtained? How is the (positive or negative) attention provided? If c, d, e, or f -- What specific items, activities, or sensations are obtained? If g or h - Describe specific task/activity/sensation avoided? Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area? Can the student perform the task independently? Y N Is academic assessment needed to ID specific skill deficits? Y N If i or j – Who is avoided? _____ Why avoiding this person? _____

SETTING EVENT(s): Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.

<input type="checkbox"/> hunger <input type="checkbox"/> conflict at home <input type="checkbox"/> conflict at school <input type="checkbox"/> missed medication <input type="checkbox"/> illness <input type="checkbox"/> failure in previous class <input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> homework not done <input type="checkbox"/> not sure <input type="checkbox"/> Other _____

SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

ANTECEDENT(s) / Triggers	Problem Behavior(s)	CONSEQUENCE(s)/ Function

SETTING EVENTS		
How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?		
Not real sure		100% Sure/No Doubt
1	2	3
		4
		5
		6

Adapted by S.Loman (2009) from C. Borgmeier (2005) ;March, Horner, Lewis-Palmer, Brown, Crone & Todd (1999)

For Students: Functional Assessment Checklist for Students (FACTS-Part A)

Student: _____ Grade _____ Date: _____

Interviewer: _____

Strengths: Identify some things that you like to do, that you are interested in, or that you are good at

In Class/at School - _____

Out of school - _____

Other - _____

ROUTINES ANALYSIS: Where, When and With Whom Problem Behaviors are Most Likely.

Time	Activity & Staff Involved	Likelihood of Problem Behavior						Specific Problem Behavior	What happens when you do this behavior?
		Low					High		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		
		1	2	3	4	5	6		

List the Routines in order of Priority for Behavior Support: Select routines with ratings of 5 or 6. Only combine routines when there is significant (a) similarity of activities (conditions) and (b) similarity of problem behavior(s). Complete the FACTS-Part B for each of the prioritized routine(s) identified.

	Routines/Activities/Context	Problem Behavior(s)
Routine # 1		
Routine # 2		

If more than 2 routines where problem behaviors occur, refer case to behavior specialist.

BEHAVIOR(s): What are some things you do in <identify routine above> that get you in trouble? Rank:

<input type="checkbox"/> Tardy	<input type="checkbox"/> Fight/physical Aggression	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Theft
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Verbal Harassment	<input type="checkbox"/> Work not done	<input type="checkbox"/> Other _____
Describe what the problem behavior(s) look like: _____			

What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?	
What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?	
Behavior is immediate danger to self and others?	Y N If Yes, refer case to behavior specialist **

Functional Assessment Checklist for Students (FACTS-Part B)

Identify the Target Routine: Select ONE of the prioritized routines from FACTS-Part A for assessment.

Routine/Activities/Context	Problem Behavior(s) – make description observable

ANTECEDENT(s): Rank Order the strongest triggers/predictors of problem behavior in the routine above. Then ask corresponding follow-up question(s) to get a detailed understanding of triggers ranked #1 & 2.

Environmental Features (Rank order strongest 3t)	Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. when I'm not sure what to do or there is nothing to do <input type="checkbox"/> b. my classmates are bugging me <input type="checkbox"/> c. I sit by a certain classmate <input type="checkbox"/> d. when I work alone <input type="checkbox"/> e. teacher tells me what to do or not do <input type="checkbox"/> f. teacher gives me work that's too hard <input type="checkbox"/> g. work is too boring or too long <input type="checkbox"/> h. when work is too easy <input type="checkbox"/> i. when I need to talk to teacher or need help <input type="checkbox"/> j. Other, describe _____	If b or c -- what classmates? _____ If d – what work do you do alone that leads to problem? _____ If e –what don't you like about how the teacher tells you _____ If f, g, h -- describe what is too hard/easy/long/boring? What assignments or activities? _____ If i –why do you need to talk to the teacher? _____

CONSEQUENCE(s): Rank Order the strongest pay-off for student that appears most likely to maintain the problem behavior in the routine above. The ask follow-up questions to detail consequences ranked #1 & 2.

Consequences/Function	As applicable -- Follow Up Questions – <i>Get as Specific as possible</i>
<input type="checkbox"/> a. get adult attention/ to talk to me <input type="checkbox"/> b. get peer attention/get peers to look /talk/laugh at me <input type="checkbox"/> c. get preferred activity/ something I like to do <input type="checkbox"/> d. get money/things <input type="checkbox"/> e. get other, describe _____ <input type="checkbox"/> f. avoid work that's too hard <input type="checkbox"/> g. avoid activities I don't like <input type="checkbox"/> h. avoid boring or easy work <input type="checkbox"/> i. avoid peers I don't like <input type="checkbox"/> j. avoid adults I don't want to talk to <input type="checkbox"/> k. avoid adults telling me what to do <input type="checkbox"/> l. avoid other, describe _____	If a or b -- Whose attention is obtained? _____ How is the attention provided? _____ If c or d -- What specific items or activities are obtained? _____ If f, g or h – Describe specific task/ activity avoided? _____ Be specific, DO NOT simply list subject area, but specifically describe type of work within the subject area (be precise)? _____ _____ Can the student perform the task independently? Y N Is academic assessment needed to ID specific skill deficits? Y N If i, j or k -- Who is avoided? _____ Why avoiding this person? _____

SETTING EVENT(s): Rank Order any events that happen outside of the immediate routine (at home or earlier in day) that commonly make problem behavior more likely or worse in the routine above.

<input type="checkbox"/> hunger <input type="checkbox"/> conflict at home <input type="checkbox"/> conflict at school <input type="checkbox"/> missed medication <input type="checkbox"/> illness <input type="checkbox"/> failure in previous class <input type="checkbox"/> lack of sleep <input type="checkbox"/> change in routine <input type="checkbox"/> homework not done <input type="checkbox"/> not sure <input type="checkbox"/> Other _____

SUMMARY OF BEHAVIOR

Fill in boxes below using top ranked responses and follow-up responses from corresponding categories above.

ANTECEDENT(s) / Triggers	Problem Behavior(s)	CONSEQUENCE(s)/ Function
SETTING EVENTS		

ABC Recording Form

Observer: _____ Student: _____

Routine/Setting (Subject, gym, hall, etc.): _____ Date & Time: _____

What to Look for: (from FBA Interview summary)		Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
#	Time:	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
2		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
3		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
4		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:

General Observation Notes:

#	Time:	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
5		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
6		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
7		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
8		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
9		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:

General Observation Notes:

#	Time:	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence
10		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
11		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
12		<input type="checkbox"/> Large group instruction <input type="checkbox"/> Small group work <input type="checkbox"/> Independent work <input type="checkbox"/> Unstructured time Specify:	<input type="checkbox"/> Given task/asked question <input type="checkbox"/> Given directive/correction <input type="checkbox"/> Isolated (No attention) <input type="checkbox"/> No activity/unclear directions <input type="checkbox"/> Peer Comment <input type="checkbox"/> With Peers <input type="checkbox"/> Preferred activity removed <input type="checkbox"/> Transition: Change in activity Other/Notes:		<input type="checkbox"/> Adult Attention Provided <input type="checkbox"/> Peer Attention Provided <input type="checkbox"/> Got Preferred Activity/Item <input type="checkbox"/> Got Other _____ <input type="checkbox"/> Adult Attention Avoided <input type="checkbox"/> Peer Attention Avoided <input type="checkbox"/> Task/Activity Avoided <input type="checkbox"/> Avoided Other _____ Other/Notes:
TALLY ABC Results	Within each column (Activity/Trigger/Outcome) identify the most frequently observed event & write it next to #1 in the corresponding box below. Total the number of observed occurrences of #1 in the numerator of the ratio... & the total intervals observed in the ratio denominator (Ratio= # occurred / # total intervals)				
	Activity/Task	Trigger/Antecedent	Behavior	Outcome/Consequence	
	#1	#1		#1	
	Ratio ____ / ____	Ratio ____ / ____		Ratio ____ / ____	

General Observation Notes:

ABC OBSERVATION SUMMARY

Routine/Activity	Trigger/Antecedent	Behavior	Outcome/Consequence
<u>DURING...</u>	<u>WHEN...</u>	<u>THE STUDENT WILL...</u>	<u>BECAUSE THIS HAPPENS...</u>
			So, the Pay-Off/Function for the student is to <u>Get</u> <i>or</i> <u>Avoid</u> (circle one): What? _____

How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?

Not real sure 1	2	3	4	5	6 100% Sure/No Doubt
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Summary of Behavior

Student: _____

Date: _____

Setting Event	Antecedent	Behavior	Outcome/Consequence
Teacher/Staff Interview Summary Routine: _____			
ABC Recording Form Summary Routine: _____			
Final Summary of Behavior Routine: _____			
	When:	Student will:	Because: Therefore the function is to access/escape/avoid:

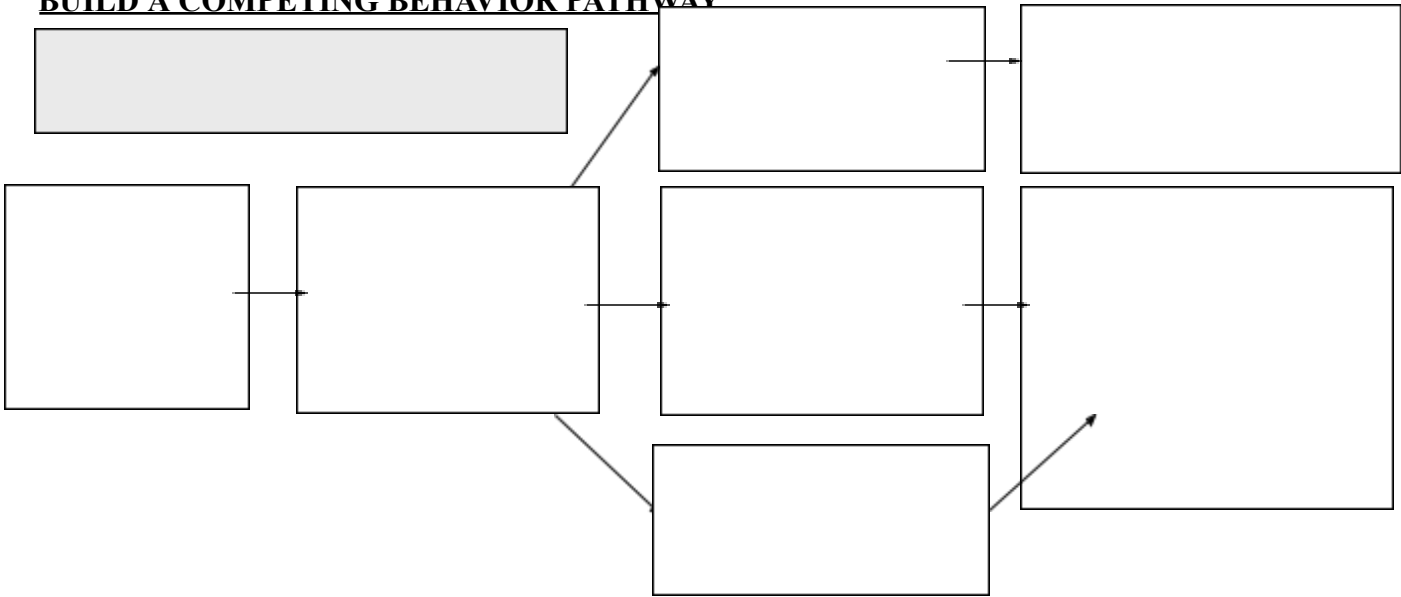
Behavior Support Plan

Developed from a Functional Behavioral Assessment

Student _____ Grade _____ Date _____

School _____ Case Manager _____

BUILD A COMPETING BEHAVIOR PATHWAY



IDENTIFY INTERVENTION STRATEGIES

Setting Event Strategies	<u>Manipulate Antecedent to prevent problem & prompt Replacement/Desired behavior</u>	<u>Teach Behavior</u> Explicitly <u>Teach Replacement & Desired Behaviors</u>	<u>Alter Consequences to Reinforce Replacement & Desired behavior; Redirect & Minimize Reinforcement of Problem Behavior</u>
	<u>Prevent problem behavior</u>	<u>Teach Replacement Behavior</u>	<u>Reinforce Replacement & Desired Behavior</u>
	<u>Prompt Replacement/Desired Behavior</u>	<u>Teach Desired Behavior/ Academic/ Social Skills</u>	<u>Redirect to Replacement Behavior & Minimize Reinforcement of Problem Behavior</u>

BEHAVIOR SUPPORT IMPLEMENTATION PLAN

Tasks	Person Responsible	By When	Review Date							
			Impl. Rating: 2 = Yes - 90%+ 1 = Kinda 50-90% 0 = No - <50%	Evaluation Decision Monitor, Modify, or Discontinue						
<p><u>Prevent & Prompt:</u> Make problem behavior irrelevant (antecedent intervention)</p>			2 1 0							
<p><u>Teaching:</u> teach Replacement Behavior & skills to engage in Desired Behavior</p>			2 1 0							
<p><u>Reinforcement:</u> Make Replacement & Desired behavior more rewarding than problem behavior</p>			2 1 0							
<p><u>Redirect to Replacement Behavior:</u> Prompt replacement behavior at earliest signs of problem.</p>			2 1 0							
<p><u>Minimize Reinforcement of Problem Behavior:</u> Make problem behavior ineffective</p>			2 1 0							
<p><u>Safety:</u> Is safety a concern? Y N If yes, attach crisis plan to Behavior Support Plan</p>										
<p>Implementation Supports (w/ Who & How) <i>(circle preferred method(s) below or ID another method below)</i></p>	Person Responsible	When (circle)								
<p><u>Provide Training to the Implementers:</u> a. Demonstration / with Practice / with Feedback (circle) <i>Other:</i></p>			2 1 0							
<p><u>Provide Implementation Feedback:</u> b. Complete the Daily Implementation Checklist c. Enter Daily Implementation Data into Graph</p>		Daily 3 x /wk	2 1 0							
			<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: none;">Impl</td> <td style="border: none;">##</td> </tr> <tr> <td style="border: none;">Score</td> <td style="border: none;">##</td> </tr> <tr> <td style="border: none;">Total</td> <td style="border: none;">/</td> </tr> </table>	Impl	##	Score	##	Total	/	
Impl	##									
Score	##									
Total	/									

- d. Share Graphed Data with implementers
- e. Personal check-in / Email / Rating Scale (*circle*)

weekly

Possible

er:

Basic FBA to BSP	
Behavior Support Planning Meeting	
<p>Questions to ask about each potential intervention being discussed:</p>	<p>Questions to ask the implementer(s) before committing to the BSP implementation Plan:</p>
<p>1) Address the Function of the Behavior? i. Will it make behavior better and not worse? 2) Match the A-B-C assessment information collected?</p>	<p>3) Do you believe this intervention will be effective for the student? 4) Is this intervention consistent with your values as an educator? 5) Is this intervention feasible for you to implement? 6) Do you have the skills needed? 7) Are the necessary resources (time, space, staff, administrative support) available?</p>
<p>If the answer to any of these questions is "maybe" or "no": How can we modify the intervention/strategy to make it a better "fit"?</p>	

EVALUATE PLAN

Behavioral Goal (Use specific, observable, measurable descriptions of goal)

<p>What is the short-term behavioral goal (Reduction in Problem Behavior)?</p> <p>During <Routine>, when <Antecedent>, <student name> will <Positively Stated Behavior> at least <%> of the time as measured by a Daily Point Card (see attached). _____ Expected date</p>
<p>What is the long-term behavioral goal (Approximations toward Desired Behavior)?</p> <p>During <Routine>, when <Antecedent>, <student name> will <Desired Behavior> at least <%> of the time as measured by _____ Expected date</p>

Evaluation Procedures

Data to be Collected	Procedures for Data Collection	Person Responsible	Timeline
Is Plan Being Implemented?	Complete the Daily Implementation Checklist		
Is Plan Making a Difference?	Complete the Daily Point Card		
Graphing Data	Enter Daily Point card data (student progress & implementation fidelity) into Excel graphing template		

Date for BSP Review Meeting (suggested in 2 weeks) _____

Behavior Specialist

Administrator

Implementing Teacher/Staff

Implementing Teacher/Staff

Parent/Guardian

Additional Team member

Additional Team member

Additional Team member

Student _____

Date _____

Targeted Routine _____

Time _____ to _____

Number of Intervals _____ Interval Length (Total min./# of intervals) _____

Expectations	Routines/Class Period						TOTALS
	1 <time>	2 <time>	3 <time>	4 <time>	5 <time>	6 <time>	
ing problem behavior/ increase expected>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
ing problem behavior/ increase expected/replacement>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
roximation of desired behavior>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
TOTALS	/6	/6	/6	/6	/6	/6	/36

2 = Great! No problem.

1 = Needed a reminder

0 = Didn't follow direction

Goal = 80% - 29/36

Total Points = _____/36

Student _____

Date _____

Targeted Routine _____

Time _____ to _____

Number of Intervals _____ Interval Length (Total min./# of intervals) _____

Expectations	Routines/Class Period						TOTALS
	1 <time>	2 <time>	3 <time>	4 <time>	5 <time>	6 <time>	
ing problem behavior/ increase expected>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
ing problem behavior/ increase expected/replacement>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
roximation of desired behavior>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
TOTALS	/6	/6	/6	/6	/6	/6	/36

2 = Great! No problem.

1 = Needed a reminder

0 = Didn't follow direction

Goal = 80% - 29/36

Total Points = _____/36

Daily Implementation Checklist

Implementing Staff _____

Interventions Agreed to Implement	Rating
1. Completed point card	2 1 0
2. Provided student with prompt/break	2 1 0
3. Provided appropriate praise to student when alternate/desired behaviors were exhibited by student 4 point scale	2 1 0
NOTES:	Total /6

2 = Great! Implemented accurately & on time 1 = Need improvement 0 = Didn't implement

Goal = 100% Implementation - 6/6

Daily Implementation Checklist

Implementing Staff _____

Interventions Agreed to Implement	Rating
1. Completed point card	2 1 0
2. Provided student with prompt/break	2 1 0
3. Provided appropriate praise to student when alternate/desired behaviors were exhibited by student 4 point scale	2 1 0
NOTES:	Total /6

2 = Great! Implemented accurately & on time 1 = Need improvement 0 = Didn't implement

Goal = 100% Implementation - 6/6

Behavior Support Plan Review Meeting

Student _____ Grade _____ Date _____

School _____ FBA/BSP Case Manager _____

AGENDA

1. **Review Implementation Fidelity & Summarize below:**
 - a. Review graph with daily Implementation Fidelity ratings
 - b. Review each task on the BSP Implementation Plan form and ***complete an Implementation Rating (2 / 1 / 0)*** for each task and decide whether to Monitor / Modify / Discontinue.

2. **Review Student Progress Data & Summarize below:**
 - a. Review graphed daily Student Progress ratings

DATA SUMMARY

	Summary of the data	Evaluation Decision
Is Plan Being Implemented with Fidelity?	Do we have sufficient data for decision making (at least 80% of data points)? Y N Are tasks being implemented with fidelity? Y N	
Is Plan Making a Difference?	Do we have sufficient data for decision making (at least 80% of data points)? Y N Is the student making adequate progress? Y N	

3. Document changes & additions to the original Implementation Plan below

Tasks	Person Responsible	By When	Impl. Rating: 2 = Yes - 90%+ 1 =Kinda 50-90% 0 = No - <50%	Evaluation Decision Monitor, Modify, or Discontinue
			2 1 0	
			2 1 0	
			2 1 0	
			2 1 0	

Date & Time of the Next BSP Review meeting _____