

# **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 <span style="float:right">High</span> 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>What is the frequency of the Problem Behavior in the targeted routine (# x's /day or hour)?</b>	
<b>What is the duration of the Problem Behavior in the targeted routine (in seconds or min)?</b>	
<b>Is Behavior Immediate Danger to self/others?</b>	<b>Y N</b> If Yes, refer case to behavior specialist

## 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 – <u>Get as Specific as possible</u>
<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 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
	<b>If a,b,c,d or e</b> - describe task/demand in detail _____ <b>If f</b> - describe <u>purpose</u> of correction, voice tone, volume etc. _____ <b>If g, h, i, j or k</b> - describe setting/activity/content in detail _____ <b>If l</b> – what peers? _____ <b>If m</b> – 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 – <u>Get as Specific as possible</u>
<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 _____	<b>If a or b</b> -- Whose attention is obtained? How is the (positive or negative) attention provided?  <b>If c, d, e, or f</b> -- What specific items, activities, or sensations are obtained?  <b>If g or h</b> - 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 <b>If i or j</b> – 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
<b>SETTING EVENTS</b>		
<b>How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?</b>		
Not real sure		100% Sure/No Doubt
1	2	3
4	5	6

## 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 1 2 3 4 5 6 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		

**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:

___ Tardy	___ Fight/physical Aggression	___ Disruptive	___ Theft
___ Unresponsive	___ Inappropriate Language	___ Insubordination	___ Vandalism
___ Self-injury	___ Verbal Harassment	___ Work not done	___ 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 _____	<b>If b or c</b> -- what classmates? _____  <b>If d</b> – what work do you do alone that leads to problem? _____  <b>If e</b> –what don't you like about how the teacher tells you _____  <b>If f, g, h</b> -- describe what is too hard/easy/long/boring? What assignments or activities? _____  <b>If i</b> –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 _____	<b>If a or b</b> -- Whose attention is obtained? _____ _____ How is the attention provided? _____  <b>If c or d</b> -- What specific items or activities are obtained? _____  <b>If f, g or h</b> – 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  <b>If i, j or k</b> -- 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
<b>SETTING EVENTS</b>		

# 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
1		<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:
<b>General Observation Notes:</b>					

#	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
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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 ____ / ____

<b>General Observation Notes:</b>			
<b>ABC OBSERVATION SUMMARY</b>			
<b>Routine/Activity</b>	<b>Trigger/Antecedent</b>	<b>Behavior</b>	<b>Outcome/Consequence</b>
<b><u>DURING...</u></b>	<b><u>WHEN...</u></b>	<b><u>THE STUDENT WILL...</u></b>	<b><u>BECAUSE THIS HAPPENS...</u></b>
			So, the Pay-Off/Function for the student is to <u>Get</u> <u>or</u> <u>Avoid</u> (circle one): What? _____
<b>How likely is it that this Summary of Behavior accurately explains the identified behavior occurring?</b>			
Not real sure		100% Sure/No Doubt	
1	2	3	4
			5
			6

## Summary of Behavior



Student: \_\_\_\_\_

Date: \_\_\_\_\_

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

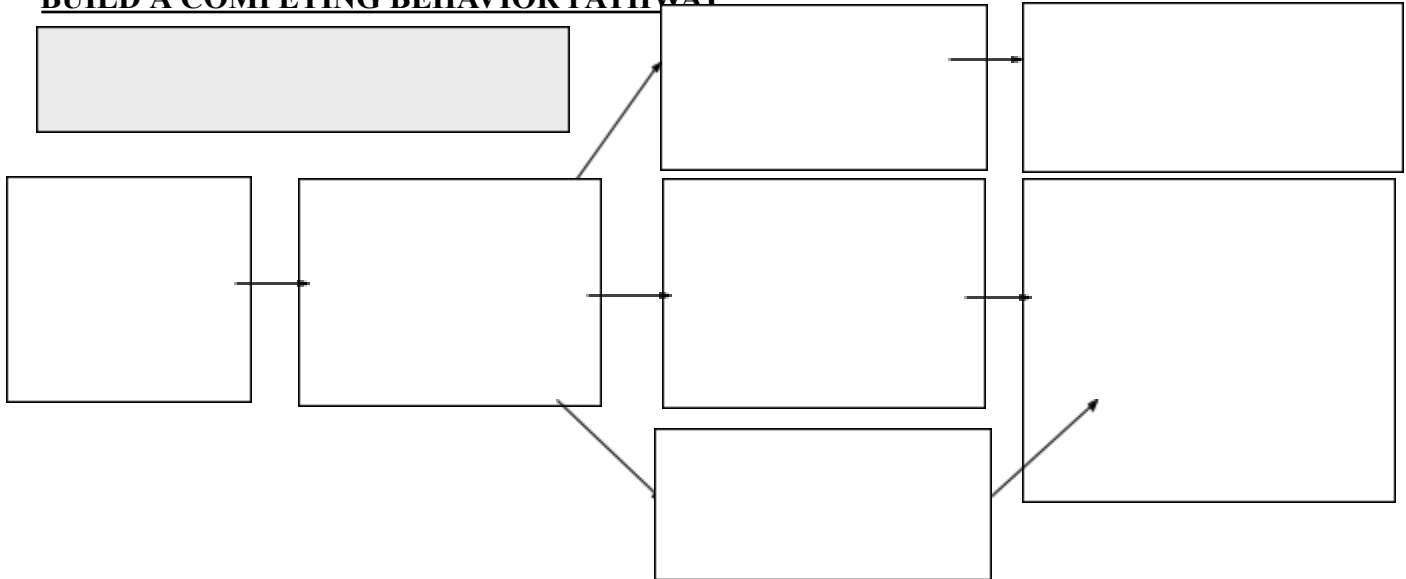
# Behavior Support Plan

Developed from a Functional Behavioral Assessment

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

School \_\_\_\_\_ Case Manager \_\_\_\_\_

## **BUILD A COMPETING BEHAVIOR PATHWAY**

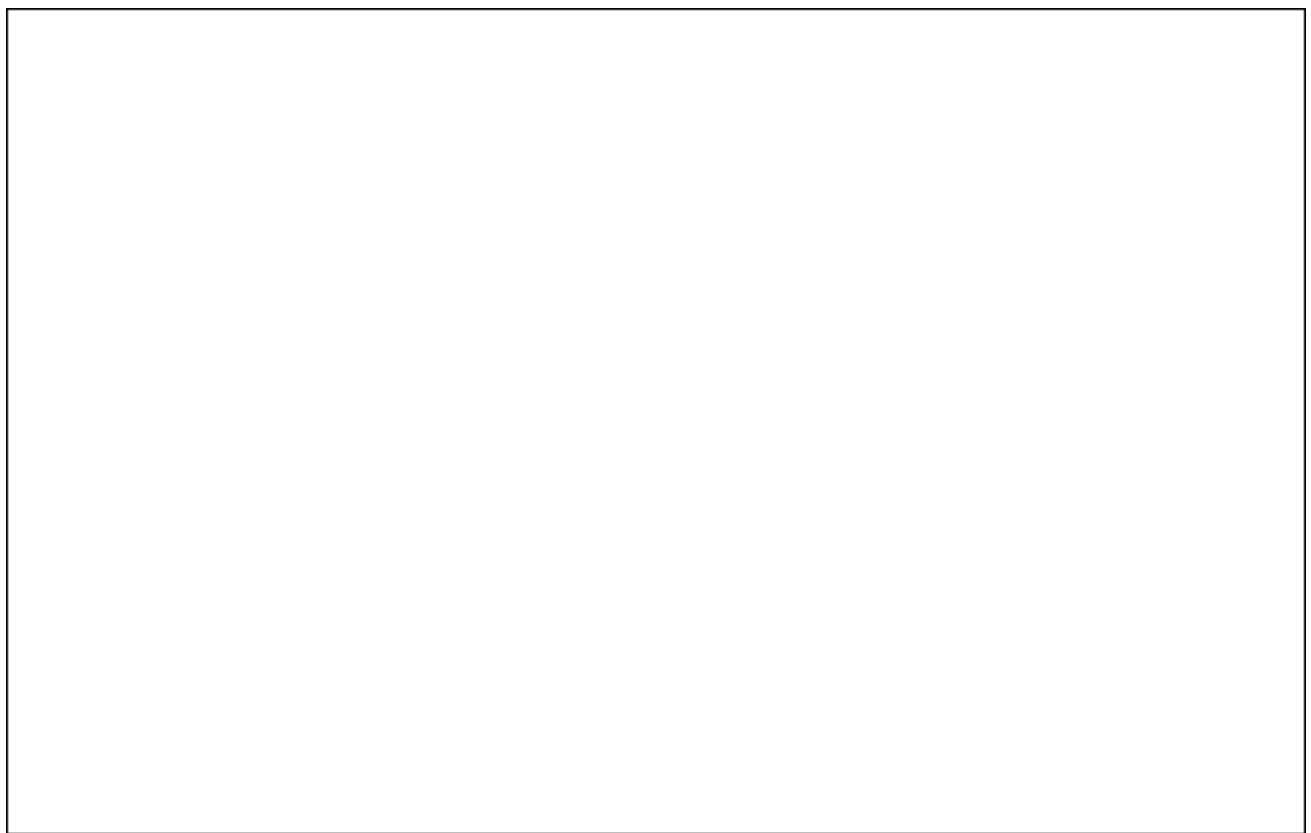


## **IDENTIFY INTERVENTION STRATEGIES**

Setting Event Strategies	<u>Manipulate Antecedent</u> to prevent problem & prompt Replacement/Desired behavior	<u>Teach Behavior</u> Explicitly Teach Replacement & Desired Behaviors	<u>Alter Consequences</u> to Reinforce Replacement & Desired behavior; Redirect & Minimize Reinforcement of Problem Behavior
	<u>Prevent problem behavior</u>	<u>Teach Replacement Behavior</u>	<u>Reinforce Replacement &amp; Desired Behavior</u>
	<u>Prompt Replacement/Desired Behavior</u>	<u>Teach Desired Behavior/ Academic/ Social Skills</u>	<u>Redirect to Replacement Behavior &amp; 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><b><u>Prevent &amp; Prompt:</u></b> Make problem behavior irrelevant (antecedent intervention)</p>			2   1   0	
<p><b><u>Teaching:</u></b> teach Replacement Behavior &amp; skills to engage in Desired Behavior</p>			2   1   0	
<p><b><u>Reinforcement:</u></b> Make Replacement &amp; Desired behavior more rewarding than problem behavior</p>			2   1   0	
<p><b><u>Redirect to Replacement Behavior:</u></b> Prompt replacement behavior at earliest signs of problem.</p>			2   1   0	
<p><b><u>Minimize Reinforcement of Problem Behavior:</u></b> Make problem behavior ineffective</p>			2   1   0	
<p><b><u>Safety:</u></b> Is safety a concern?      Y      N If yes, attach crisis plan to Behavior Support Plan</p>				
<p><b>Implementation Supports (w/ Who &amp; How)</b> <i>(circle preferred method(s) below or ID another method below)</i></p>	<p><b>Person Responsible</b></p>	<p><b>When</b> <i>(circle)</i></p>		
<p><b><u>Provide Training to the Implementers:</u></b> a. Demonstration / with Practice / with Feedback <i>(circle)</i> <i>Other:</i></p>			2   1   0	
<p><b><u>Provide Implementation Feedback:</u></b> b. Complete the Daily Implementation Checklist c. Enter Daily Implementation Data into Graph d. Share Graphed Data with implementers e. Personal check-in / Email / Rating Scale <i>(circle)</i> <i>Other:</i></p>		<p>Daily 3 x /wk weekly</p>	2   1   0	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Impl   ## Score   ## ----- Total Possible </div>		





## EVALUATE PLAN

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

**What is the short-term behavioral goal (Reduction in Problem Behavior)?**

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

**What is the long-term behavioral goal (Approximations toward Desired Behavior)?**

During <Routine>, when <Antecedent>, <student name> will <Desired Behavior> at least <%> of the time as measured by \_\_\_\_\_.

\_\_\_\_\_ Expected date

### **Evaluation Procedures**

<b>Data to be Collected</b>	<b>Procedures for Data Collection</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>Is Plan Being Implemented?</b>	Complete the Daily Implementation Checklist		
<b>Is Plan Making a Difference?</b>	Complete the Daily Point Card		
<b>Graphing Data</b>	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>	
<reducing problem behavior/ increase expected>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<reducing problem behavior/ increase expected/replacement>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<approximation of desired behavior>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<b>TOTALS</b>	/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>	
<reducing problem behavior/ increase expected>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<reducing problem behavior/ increase expected/replacement>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<approximation of desired behavior>	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	/12
<b>TOTALS</b>	/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 \_\_\_\_\_

**Additional Participants:** ☐ Behavior Specialist ☐ Administrator ☐ Implementing Staff ☐ Parent

**Documents presented for review:** ☐ Graph for Data Analysis ☐ Implementation Plan

## 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**

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

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

**Date & Time of the Next BSP Review meeting** \_\_\_\_\_

