



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration**

**BEHAVIOR SUPPORT PLAN
QUARTERLY REVIEW FORM**

Individual: Residential Provider: Day Services Provider:	Date of Quarterly Report: BSP Developer:
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NON-RESTRICTIVE INTERVENTIONS IN BSP (check all that apply)

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|---|--|
| <input type="checkbox"/> Antecedent Manipulation
<input type="checkbox"/> Behavior Contract
<input type="checkbox"/> Behavioral Momentum
<input type="checkbox"/> Chaining
<input type="checkbox"/> Choice-making
<input type="checkbox"/> Curriculum Modifications
<input type="checkbox"/> Differential Reinforcement of Alternative Behavior (DRA)
<input type="checkbox"/> Differential Reinforcement of Incompatible Behavior (DRI)
<input type="checkbox"/> Differential Reinforcement of Low Rates of Behavior (DRL)
<input type="checkbox"/> Differential Reinforcement of Other Behavior (DRO)
<input type="checkbox"/> Deep breathing exercises
<input type="checkbox"/> Direct Instruction
<input type="checkbox"/> Discrete Trial Training
<input type="checkbox"/> Extinction
<input type="checkbox"/> Functional Communication Training
<input type="checkbox"/> Incentive Plan
<input type="checkbox"/> Picture Exchange Communication System (PECS) | <input type="checkbox"/> Planned Ignoring
<input type="checkbox"/> Preferred Reinforcers- Tangible
<input type="checkbox"/> Preferred Reinforcers- Social
<input type="checkbox"/> Problem-solving skills
<input type="checkbox"/> Progressive Muscle Relaxation
<input type="checkbox"/> Prompting-Gestural
<input type="checkbox"/> Prompting-Verbal
<input type="checkbox"/> Prompting-Visual
<input type="checkbox"/> Prompting-Physical
<input type="checkbox"/> Redirection/Response Interruption
<input type="checkbox"/> Shaping
<input type="checkbox"/> Schedule of Reinforcement-Continuous
<input type="checkbox"/> Schedule of Reinforcement-Intermittent
<input type="checkbox"/> Sensory Diet/Sensory enrichment
<input type="checkbox"/> Stress Management Strategies
<input type="checkbox"/> Task analysis
<input type="checkbox"/> Token System
<input type="checkbox"/> Visual Schedule |
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TARGET BEHAVIORS BEING DOCUMENTED

For each target behavior, fill in the number of occurrences for the past 3 months. Additional charts/graphs may be attached.

Target behavior	Behaviors targeted for DECREASE				Behaviors targeted for INCREASE			Totals	
	Month	Month	Month		Month	Month	Month	Month	Residence total

Comments:

VERIFICATION THAT ALL STAFF ARE TRAINED TO COMPETENCY ON BSP

BSP training sign in sheets for the most recent quarter are filed in individual's record Yes No

CLINICAL JUSTIFICATION FOR RESTRICTIVE INTERVENTIONS

Psychotropic medication:	
Increased staffing:	
Environmental modifications:	
Restraints:	
Other:	

MONTHLY BSP PROCEDURAL RELIABILITY CHECKS

Fidelity indicator	Date Verified	Date Verified	Date Verified
BSP on site			
Positive reinforcement provided as instructed			
Data recorded as instructed in BSP			
All staff are trained on BSP			
Physical modifications to environment in place			
1:1 staffing positioned as instructed in BSP			
Staff observed to be working with individual as instructed in BSP			

IMPACT OF BEHAVIOR SUPPORT

LIST OF GOALS FOR BEHAVIOR TO <i>DECREASE</i>	Goals Status Code
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LIST OF GOALS FOR BEHAVIOR TO <i>INCREASE</i>	Goals Status Code
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Goals Status Codes:	M= Goal Met P=Progress on Track	PNT=Progress Not on Track D=Discontinued by team	N=New or not enough opportunities to evaluate progress
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<ul style="list-style-type: none"> • Regular participation in day program, paid employment, or volunteer activity • Reduction in at least one restrictive intervention control since last report • Discontinuation of at least one restrictive intervention control since last report • Individualized staffing of one-to-one ratio or higher in residence or day program 	<ul style="list-style-type: none"> • Yes • Yes • Yes • Yes 	<ul style="list-style-type: none"> • No • No • No • No
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List all serious reportable incidents related to the individual's behavioral health diagnosis or target symptoms that occurred during this review period. Include ER Visits, Psychiatric Hospitalizations, Police Calls, Suicide Attempts, Suicide Threats, All Uses of Physical Restraints, and Property Damage.

RECOMMENDATIONS

SIGNATURE(S) INDICATES THAT BEHAVIOR DATA AND PRIOR QUARTERLY REPORTS WERE REVIEWED IN PREPARING THIS REPORT. BEHAVIOR SUPPORTS MUST BE REVIEWED EVERY 90 DAYS MINIMUM.

SUMMARY COMPLETED BY:	Date form completed:
Name:	
Role: Behavior Support Developer	Date reviewed with team:
Signature:	