Behavior Assessment Guide

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BEHAVIOR ASSESSMENT GUIDE

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INTRODUCTION

This *Behavior Assessment Guide* is an information gathering and records abstraction tool. It is a clinical guide developed at the Institute for Applied Behavior Analysis over the past thirty years in our work with well over 5,000 children, adolescents and adults who exhibit severe and challenging behavior. Filling out this guide is our first step in performing a functional behavioral assessment and analysis. Although the process can be time consuming, we have found that the most efficient strategy to gather these data by interviewing key social agents (key informants), relying on records review, direct observation, interactions with the focus person and arranging analog situations to confirm the interview data or to fill important gaps in the information so obtained.

Given the amount of time required to complete this process, we are often asked if such a comprehensive assessment is necessary in all cases. Upon reflection, we would recommend this level of professional involvement if less formal approaches have failed, if the focus person's behavior problems persist, if they significantly interfere in the focus person's quality of life or significantly limit the opportunities or options he or she may have, and/or if an aversive/restrictive procedure is being considered. This latter criterion is important, since our experience is that a multi-element support plan based on a comprehensive professional assessment and functional analysis precludes the need for aversive or restrictive intervention.

Filling out the *Behavior Assessment Guide*, and asking obvious follow-up questions, is only the first step in performing a comprehensive assessment and functional analysis. In order for this information to be helpful in designing effective multi-element support plans it must be summarized and synthesized. At IABA we have found that this is best done through the writing of a formal comprehensive functional assessment report and recommended support plan, within a particular format and following specific guidelines. An evaluation instrument for report writing is provided as an appendix to the Guide, beginning on page 163.

The clinical practice of applied behavior analysis requires that intervention be based on the comprehensive functional assessment and analysis of severe and challenging behavior. We offer this *Behavior Assessment Guide* as a tool for practitioners to assist them in their efforts to provide services that meet the highest standards of professional practice.

By purchasing the *Behavior Assessment Guide*, we give you permission to make copies for your use in the field. You can either use this printed document or request a PDF version. To request a PDF version, e-mail your request to BAG@iaba.com including all of your contact information. When your purchase has been verified, you will receive by return e-mail a PDF version of the *Behavior Assessment Guide.*

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GENERAL INFORMATION

Date of Referral: _____Person Making Referral: _____

Assessment Activities: In this section, list the sources from which the assessment information was gathered (e.g., interviews, psychiatric reports, observation). Include the dates of specific reports and interviews, and the specific method of data gathering if appropriate).

SOURCE	DATE	DATA GATHERING METHOD

IDENTIFYING INFORMATION			
FOCUS PERSON'S NAME:			**SEX:**
DATE OF BIRTH:	**AGE:**	**RACE:**	**RELIGION:**
ID#:		**SOCIAL SECURITY#:**	
ID#:			
HEIGHT:	**WEIGHT:**	**HAIR COLOR:**	**EYE COLOR:**
TYPE OF BUILD:		**HANDEDNESS:**	
SCARS OR IDENTIFYING FEATURES:			
COMMENTS AND OBSERVATIONS:			

CURRENT ADDRESS:
NAME OF FACILITY (IF APPROPRIATE):
STREET ADDRESS:
CITY / STATE / ZIP:
PHONE NUMBER(S):
CONTACT PERSON(S):
PERSONS LIVING WITH:
COMMENTS:

Diagnostic Information: In this section, describe the specific diagnoses that have been used to characterize the focus person and his / her behavior. Describe also the sources of each diagnosis, including specific reports, their dates, and the names of the report author(s).

DIAGNOSIS / SYNDROME	SOURCE OF DIAGNOSIS

REASON(S) FOR REFERRAL AND ASSESSMENT ISSUES

A. **General Information**

DATE OF REFERRAL:	**PERSON MAKING REFERRAL:**
REFERRAL AGENCY (NAME):	
NAME:	
ADDRESS:	
PHONE NUMBER(S):	
COMMENTS:	

B. **Purpose(s) Of / Reasons For Referral:** (Why is the assessment being requested at this time? Behavior escalation? Mandated through IEP? Concerns regarding safety? Living environment / day services in jeopardy? Family overwhelmed? Cost of services? Court order? Litigation? Preparation for transition to community? Include any issues raised by the referral agency and concerns that might influence the assessment or intervention. Include issues raised regarding the mediator's and potential problems that might influence the assessment or treatment.)

C. **Referral Problems:** (List the specific problems for which the referral is being made. In the words of the referring person, describe the specific behavior(s) of concern. If the referring person has seen an episode, have the person describe what was seen.)

D. **Service Priority:** (There may be a number of issues that may make the referral a priority requiring urgent attention. These should be addressed as part of the referral. For example, note any threats to the person's living arrangement, day services or other programs. Also, note any potential threats to the person's safety or the safety of others. Stresses in the environment in the form of a single-parent family, or multiple- disability family should be noted. Other issues that should be addressed include the number of other siblings, and the stresses on the family in the way of educational and work obligations.)

E. **Person's / Care Provider's / Reason(s) for the Referral.** (Others may have different views regarding the reason(s) for the referral. Describe their reasons for or beliefs regarding the purpose(s) of the referral at this time. Why are they currently asking for assistance? Or, are they?)

F. **Referral Discrepancies.** (Given that several persons or agencies have initiated the referral process, describe any differences.)

BACKGROUND INFORMATION

A. **Brief Description of Person.** In this section, describe the person's physical characteristics at the time of the assessment contacts. General physical characteristics along with unique identifying features should be presented, including appearance, height to weight, hair, eyes, ambulation, use of hands and arms, gait, rate of activity, physical disabilities, cerebral palsy, apparent physical problems, grooming, bearing, clothes, nails, old / young looking, mannerisms, tics, gestures, twitches, stereotypes, picking, touching, clumsy, agility, cooperation. Describe how the person presented personally to you, including communication, conversation, understandability, friendly, standoffish, no interaction, avoids interaction, etc.). Describe ONE interaction you had with the person.

B. **Family Information:** In this section, describe the person's family constellation. Pay particular attention to those who live with the person, and to those who have regular contact with the person.

MOTHER'S NAME:	FATHER'S NAME:
EMPLOYMENT:	EMPLOYMENT:
ADDRESS:	ADDRESS:
HEALTH:	HEALTH:
LEVEL OF EDUCATION:	LEVEL OF EDUCATION:
DEGREE OF CONTACT WITH FOCUS PERSON:	DEGREE OF CONTACT WITH FOCUS PERSON:
COMMENTS:	

BROTHERS AND SISTERS

NAME	SEX	AGE	ANY DISABILITY	CONTACT WITH FOCUS PERSON	LIVES AT HOME

ARE OTHER PERSONS LIVING IN THE HOME? IF SO, DESCRIBE THEM AND THEIR RELATIONSHIP TO THE FOCUS PERSON.

Comments: Include information regarding the parents level of contact with the focus person, family difficulties, perceptions of the focus person by the family members, disruption of family, etc.

C. **Ecological Analysis of the Family Home Environment:**

1. **Physical Description of the Home** In this section, describe the person's home living environment. Include characteristics such as the size, number of bedrooms and bathrooms, spaciousness, cleanliness, homeliness, proximity to stores, transportation, schools, recreation. Also, describe the neighborhood with special attention given to safety.

    - Describe the state of repair of the home with particular attention to damage as a function of the focus person's behavior.
    - Describe physical alterations to the home designed to accommodate the person's behavior, including locks, gates, fences, etc.
    - Describe the ambience of the home, including the degree of congestion, noise, etc.).
    - Describe the focus person(s) living area, if possible, including spaciousness, damage, number of people sharing room and relationship, cleanliness, availability of personal items such as toys, recreational items.
    - Describe how noise / congestion, etc. may effect the person's behavior.

2. **Service Environment:** (Describe the services being delivered in the home; e.g., respite, intensive behavioral support, "discrete-trial," or other in-home service.)

3. **Preferred Events:** (Describe the density of preferred events available in this setting)

4. **Interpersonal Environment:** (How do family members get along? Describe conflicts, issues, that may contribute to the person's behavior challenges or effect the person's quality of life. This will be discussed in the Mediator Description below.)

5. **Schedule of Activities:**

   a. In this section, describe the focus person(s) activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate.

   b. **Predictability.** Does the person have an understanding of what activities are ABOUT TO OCCUR (e.g., getting up in the morning, meals, school, day program, bedtime)?

   c. **Choice.** To what degree are the activities described below the CHOICE of the person? To what degree does the person have CONTROL over the activities during the day?

Schedule of Activities. In this section, describe the focus person's activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate. In this context, Functional means that the activities are meaningful, are teaching the person skills to be used for a life time, and are leading the person to greater independence now and in the future. By Chronologically Age Appropriate it is meant that the activities are typical of what other people at the person's chronological age would be doing.

TIME OF ACTIVITY	DESCRIPTION OF ACTIVITY	YES /NO FUNCTIONAL	YES / NO AGE APPROPRIATE

D. **Placement History (Other than the Family):**
   Describe where the focus person has lived over the past several years to include supported living arrangement, independent living arrangement, group homes, with relatives, and / or in institutions. Indicate the length of residence, reasons for placement, and reasons for leaving. Also, describe any problems reported in these settings. Begin with the focus person's current living arrangement if it is not in the family home.

CURRENT LIVING ARRANGEMENT	
NAME OF SERVICE AGENCY (IF APPLICABLE):	
ADDRESS:	
PHONE NUMBER:	**CONTACT PERSON:**
ADMISSION DATE:	**LENGTH OF RESIDENCE:**
REASONS FOR PLACEMENT:	
THREATS TO CURRENT PLACEMENT:	
PROBLEMS IN SERVICE SETTING:	
COMMENTS:	

E.   **Ecological Analysis of the Current Living Environment:**

1.   **Physical Description of Living Environment** (In this section, describe the person's living environment. Home? Apartment? Condominium? Owned? Rented? Include characteristics such as the size, number of bedrooms and bathrooms, spaciousness, cleanliness, homeliness, proximity to stores, transportation, schools, recreation. Also, describe the neighborhood, with special attention given to safety. Describe the state of repair of the home with particular attention to damage as a function of the focus person's behavior. Describe physical alterations to the home designed to accommodate the person's behavior, including locks, gates, fences, etc. Describe the ambience of the home, including the degree of congestion, noise, etc). Describe the focus person's living area, including spaciousness, damage, number of people sharing the room, cleanliness, availability of personal items such as toys, recreational items, computers, personal space, security for personal items.

2.   **Service Agency Characteristics** (If the person is living in a setting that is owned and operated by an agency e.g., supported living agency, independent living agency, group home, residential school, hospital, institution then the organizational responsibilities should be described. Describe the size and organizational structure of agency, the agencies philosophy, goals and objectives, methods for achieving the goals and objectives, and how individual service planning is conducted and evaluated. Special attention should be given whether it is family vs. staff operated. Who has responsibility for administering / operating the home? Is there a supervisor and what responsibilities does the supervisor have relevant to the operation of the home / the program? Who do staff report to and who will mediate treatment recommendations? If the home has a special designation; e.g., ICFDDH, Level IV, then this should be described and explained):

3. **Characteristics of Housemates / Residents / Roommates** (If the person lives with others, describe the number of people he / she lives with. Describe the characteristics of these individuals, including the number of males and females, age range, cognitive functioning range, adaptive functioning range. Describe the behavioral and training needs of the other residents, including the level of assistance required to teach and care for these individuals. Describe the relations the focus person has with others in the living area. None? Adversarial? Conflict? Describe the level of interaction the focus person has with others in the home? Do the housemates and the focus person appear to have mutual interests?

4. **Level and Characteristics of Support Staff** (Does the person receive staffing support? Describe the level of support the person receives. Describe the authorized and de-facto staffing ratio. Describe the number of support staff present during the day and at night. Describe whether the nighttime staff are awake or sleep through the night. Describe the primary language of staff and whether this is the language of the focus person and other living in the same place. Describe whether you were able to understand you, and them you. Describe the experience of staff working with people who have characteristics like those manifested by the focus person, e.g., developmental disability, severe intellectual difficulties, autism, mental illness and so on. Included here would be experience working with people with behavior challenges. Describe the level of staff turnover and the longevity of support staff in the program.):

5. **Staff Training, Supervision and Consultation** (Describe the credentials and training of support staff. Describe the level of training support staff have received, the method(s) of training and the frequency and methods of on-going training. Describe the level and type of supervisory monitoring. Describe who is responsible for training staff around behavior programs and how support staff's performance is monitored. Describe whether or not consultation is provided and the level and type of consultation.)

6. **Schedule of Activities:**

    a. In this section, describe the focus person(s) activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate. In this context, Functional means that the activities are meaningful, are teaching the person skills to be used for a life time, and are leading the person to greater independence now and in the future. By Chronologically Age Appropriate it is meant that the activities are typical of what other people at the person's chronological age would be doing.

    b. **Predictability.** Does the person have an understanding of what activities are ABOUT TO OCCUR (e.g., getting up in the morning, meals, school, day program, bedtime)? Does the person know what is about to happen?

    c. **Choice.** To what degree are the activities described below the CHOICE of the person? To what degree does the person have CONTROL over the activities during the day?

Schedule of Activities. In this section, describe the client's activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate.

WEEKDAY SCHEDULE			
TIME OF ACTIVITY	**DESCRIPTION OF ACTIVITY**	**YES / NO FUNCTIONAL**	**YES / NO AGE APPROPRIATE**

Schedule of Activities. In this section, describe the client's activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate. In this context, Functional means that the activities are meaningful, are teaching the person skills to be used for a life time, and are leading the person to greater independence now and in the future. By Chronologically Age Appropriate it is meant that the activities are typical of what other people at the person's chronological age would be doing.

WEEKDAY SCHEDULE			
TIME OF ACTIVITY	**DESCRIPTION OF ACTIVITY**	**YES / NO FUNCTIONAL**	**YES / NO AGE APPROPRIATE**

PREVIOUS LIVING ARRANGEMENT	
NAME OF SERVICE AGENCY (IF APPLICABLE):	
ADDRESS:	
PHONE NUMBER:	**CONTACT PERSON:**
ADMISSION DATE:	**LENGTH OF RESIDENCE:**
REASONS FOR PLACEMENT:	
REASONS FOR DISCHARGE:	
TYPE OF PROGRAM:	
COMMENTS:	

PREVIOUS LIVING ARRANGEMENT	
NAME OF SERVICE AGENCY (IF APPLICABLE):	
ADDRESS:	
PHONE NUMBER:	**CONTACT PERSON:**
ADMISSION DATE:	**LENGTH OF RESIDENCE:**
REASONS FOR PLACEMENT:	
REASONS FOR DISCHARGE:	
TYPE OF PROGRAM:	
COMMENTS:	

PREVIOUS LIVING ARRANGEMENT	
NAME OF SERVICE AGENCY (IF APPLICABLE):	
ADDRESS:	
PHONE NUMBER:	**CONTACT PERSON:**
ADMISSION DATE:	**LENGTH OF RESIDENCE:**
REASONS FOR PLACEMENT:	
REASONS FOR DISCHARGE:	
TYPE OF PROGRAM:	
COMMENTS:	

F. **Day Services (Current) and Day Service History**
Describe the person's current and history of participation in services during day outside of his or her living arrangement (e.g., school, sheltered workshop, supported employment, recreational / leisure programs). Include the length of participation, reasons for the service, and difficulties that have occurred or may be present currently. Describe the reasons for leaving previous day services.

CURRENT DAY SERVICE	
Is the person currently participating in day services? Yes _____ No _____	
SERVICE / SCHOOL NAME:	
ADDRESS:	
TYPE OF DAY SERVICE:	
DAYTIME PHONE:	**EVENING PHONE:**
CONTACT PERSON:	**ROLE / POSITION:**
CONTACT PERSON:	**ROLE / POSITION:**
CONTACT PERSON:	**ROLE / POSITION:**
ADMISSION DATE:	**DISCHARGE DATE:**
LENGTH OF PARTICIPATION:	**REASON(S) FOR DISCHARGE:**
COMMENTS / PROBLEMS / ISSUES AT SERVICE:	

G. **Ecological Analysis of Current Day Service:**

1. **Physical Description of the Day Service Setting** (In this section, describe the location and physical features associated with the setting; size and spaciousness, cleanliness, arrangement of desks, stations, etc. Describe the density of persons in the setting to include the distance from one student or worker to another. Describe the atmosphere in the setting. Exciting? Frenzied? Boring? Chaotic? Noisy? Quiet? Tense? Etc.)

2. **Agency / School Service Characteristics** (Describe the size and organizational structure of agency, the agencies philosophy, goals and objectives, methods for achieving the goals and objectives, and how individual service planning is conducted and evaluated. In this section, describe how the service is organized. Who has responsibility for implementing, administering, supervising the service? How is the service structured? Laissez-faire? Hang loose? None? How are service staff organized? Teacher? Aides? How are ancillary support persons used? Aides?):

3. **Description of Day Service Activities** (Describe what the person does as part of the service. Work? Type of work? Classes? Subjects? Types of educational programming throughout the day? List of classes?

4. **Characteristics of Participants / Students / Workers** (In this section describe the number of people he / she participates with in the service, including the number of males, females, age range, cognitive functioning range, adaptive functioning range, diagnostic classification, mental health issues, physical disabilities. Describe the behavioral and training needs of these individuals. Describe the level of support other participants require. Describe how participants get along and the level of interactions they have with the focus person.

5. **Level and Characteristics of Teaching / Support Staff** (Describe the level of support the person receives, if any, in the service. Describe the staffing ratio. Describe the primary language of staff and whether this is the language of the focus person and other living in the same place. Describe whether you were able to understand you, and them you. Describe the experience of staff working with people who have characteristics like those manifested by the focus person, e.g., developmental disability, severe intellectual difficulties, autism, mental illness and so on. Included here would be experience working with people with behavior challenges. Describe the level of staff turnover and the longevity of support staff in the program.):

6. **Instructional Methods** (Describe the methods of support / instruction. Lecture? Small group? Large Group? Hands on? Centers? Discrete Trial? Nagging? Correction? Level of prompting? Do it for? Individualized vs. All the same? Individualized adaptations? TEACCH? Given the method, how does it interact with the person's needs?

7. **Preferred Events:** (Describe the density of preferred events available in this setting)

8. **Staff Training / Supervision / Consultation** (Describe the credentials and training of support staff. Describe the level of training support staff have received, the method(s) of training and the frequency and methods of on-going training. Describe the level and type of supervisory monitoring. Describe who is responsible for training staff around behavior programs and how support staff's performance is monitored. Describe whether or not consultation is provided and the level and type of consultation.)

9. **Schedule of Activities:**

   a. In this section, describe the focus person(s) activities for the average weekday and weekend day beginning with the time of awakening to bedtime. Indicate the approximate times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate. In this context, Functional means that the activities are meaningful, are teaching the person skills to be used for a life time, and are leading the person to greater independence now and in the future. By Chronologically Age Appropriate it is meant that the activities are typical of what other people at the person's chronological age would be doing.

   b. **Predictability.** Does the person have an understanding of what activities are ABOUT TO OCCUR (e.g., getting up in the morning, meals, school, day program, bedtime)? Does the person know what is about to happen?

   c. **Choice.** To what degree are the activities described below the CHOICE of the person? To what degree does the person have CONTROL over the activities during the day?

Schedule of Activities. In this section, describe the focus person's activities through the service day. Give the specific times of the activities, describe the activity itself, and describe the method of instruction (e.g., group, 1:1, programmed, etc.).

TIME OF ACTIVITY	DESCRIPTION OF ACTIVITY	METHOD OF INSTRUCTION

H. **Individual Program / Educational Plan Review:** This section should be used to review the focus person's progress on training and behavioral objectives. List the specific objectives in the column labelled "objective." In the column labelled "type" insert a code to indicate whether the objective is Behavioral (B), Self-Help (SH), Domestic (D), Leisure (L), Communication (C), or Academic (A). In the column "start" and "stop" indicate the effective dates of the objective, and in the column labelled "achieved" indicate whether the objective was achieved (Yes), was not achieved (N), was dropped (D), or is currently in progress (IP). In the column labelled "Functional", mark a "Y" if the objective is Functional, or a "N" if it is not. Similarly, in the column labelled "Chronologically Age Appropriate (C.A.A.)", mark a "Y" if the objective is appropriate for the persons chronological age, or a "N" if it is not. In this context, Functional means that the activities are meaningful, are teaching the person skills to be used for a life time, and are leading the person to greater independence now and in the future. By Chronologically Age Appropriate it is meant that the activities are typical of what other people at the person's chronological age would be doing.

OBJECTIVE	TYPE	START DATE	STOP DATE	ACHIEVED YES – NO	FUNCTIONAL YES – NO	C.A.A. YES – NO

PREVIOUS DAY SERVICE	
AGENCY / SCHOOL NAME:	
ADDRESS:	
TYPE OF DAY SERVICE:	
DAYTIME PHONE:	**EVENING PHONE:**
CONTACT PERSON:	**ROLE / POSITION:**
CONTACT PERSON:	**ROLE / POSITION:**
NUMBER OF PARTICIPANTS:	**SUPPORT LEVEL:**
ADMISSION DATE:	**DISCHARGE DATE:**
LENGTH OF PARTICIPATION:	**REASON(S) FOR DISCHARGE:**
COMMENTS / PROBLEMS / ISSUES AT SERVICE:	

PREVIOUS DAY SERVICE	
AGENCY / SCHOOL NAME:	
ADDRESS:	
TYPE OF DAY SERVICE:	
DAYTIME PHONE:	**EVENING PHONE:**
CONTACT PERSON:	**ROLE / POSITION:**
CONTACT PERSON:	**ROLE / POSITION:**
NUMBER OF PARTICIPANTS:	**SUPPORT LEVEL:**
ADMISSION DATE:	**DISCHARGE DATE:**
LENGTH OF PARTICIPATION:	**REASON(S) FOR DISCHARGE:**
COMMENTS / PROBLEMS / ISSUES AT SERVICE:	

PREVIOUS DAY SERVICE	
AGENCY / SCHOOL NAME:	
ADDRESS:	
TYPE OF DAY SERVICE:	
DAYTIME PHONE:	**EVENING PHONE:**
CONTACT PERSON:	**ROLE / POSITION:**
CONTACT PERSON:	**ROLE / POSITION:**
NUMBER OF PARTICIPANTS:	**SUPPORT LEVEL:**
ADMISSION DATE:	**DISCHARGE DATE:**
LENGTH OF PARTICIPATION:	**REASON(S) FOR DISCHARGE:**
COMMENTS / PROBLEMS / ISSUES AT SERVICE:	

BACKGROUND INFORMATION

I. **Health and Medical Status:** In this section, review the person's past and present medical status. Information in this section should be derived from a combination of records review and direct interview with the person and / or the Key Social Agents. Special attention should be given to physical issues that might have a direct bearing on the referral problem or the program design. The following questions should be answered through interview and / or records review:

1. What is the **date** of the most recent medical examination?

2. What was the overall evaluation based on this examination? (Excellent, Good, Average, Poor)

3. From your knowledge, how is the focus person's health at this time and recently?

4. Does the focus person have a history of Neurological (Nervous System) problems? Have such problems ever been suggested or suspected? (e.g., fainting, blackouts, uncontrollable body movements, stroke, paralysis, abnormal EEG, staring spells, etc.)

5. Does the focus person have a history of heart or circulatory system problems? (e.g., blood pressure, arrhythmia, heart murmur, heart surgery, valve problems, blood disorder) If so, describe these problems and how they might impact behavior and programming.

6. Does the focus person have problems breathing or with his / her respiratory system? (e.g., pneumonia, coughing, lung infections, asthma, complaints of pain, difficulty speaking, difficulty breathing, shortness of breath).

7. Does the focus person have a history of problems with his / her digestive system (e.g., problems swallowing, chewing, stomach pains, ulcers, gall stones, vomiting, rectal bleeding, constipation, nausea, complaints of pains, constipation, diarrhea, etc.). Describe how these problems might impact the focus person's behavior and programming.

8. Does the focus person have a history of problems with his / her genitals or urinary system? (e.g., painful urination, frequent urination, undescended testes, menstrual problems, PMS, frequent masturbation, complaints of genital pain, VD, infections, bleeding, etc.).

9. (a) Does the focus person have difficulty seeing? (b) Does the focus person wear corrective lenses? (c) Have you ever had concerns about the focus person's ability to see clearly? (d) Does the focus person bump into objects while walking? Etc.

10. Does the focus person have difficulty hearing? Have there been any concerns about the focus person's ability to hear?

11. Does the focus person have a history of problems with his / her **Endocrine System** (e.g., Diabetes, thyroid problems, etc.)?

12. Does the person have a history of problems with his / her muscles or bones (e.g., tremor, jerking, inability to use, paralysis, broken bones, dislocations, diseases, etc.)?

13. Does the person have a history of skin problems (e.g., rashes, infections, irritations, ulcerations, acne, etc.)?

14. Does the person have a history of allergic reactions? If so, please describe these.

15. Does the person have any medical problems for which he / she is currently receiving medical assistance?

16. Has the person been hospitalized recently? If "yes", why?

17. Does the person have any physical disabilities? (Include any disabilities that impair movement, require prosthetics or supports). Describe any physical limitations that the person may have.

18. Describe the person's sleep cycle. What time does the person go to bed? Awakens at night? Hours of sleep per night? How does sleep effect behavior?

19. Describe the person's eating habits. Diet? Eats well? Limited range of foods? Eats too much? Eats constantly? Does the person have any dietary restrictions? Special diet? Why? How do eating habits effect behavior?

20. Describe the person's elimination habits? Regular? Irregular? Only in one place? Problems? Complaints? How do elimination habits / problems effect behavior?

21. Comments and Impressions.

22. **Seizure Activity.** In this section, the focus person's history of seizure activity should be reviewed. Special attention should be given to the effect the seizures might have on the person's behavior and the implementation of behavioral programs.

a. **Does the person have a history of seizures?**

1) If "yes", what type of seizure?

2) What do they look like?

3) How often do they occur?

4) When was the last seizure?

5) How severe are the seizures? Do the seizures result in injury or require hospitalization?

6) What are the effects of the seizure? Is the person disoriented? Does the person fall asleep, and if so, for how long? Is there any loss of memory, loss of skills, deterioration of skills? Does the person have difficulties doing previously mastered activities? Is speech affected? Do behavior problems appear or do existing problems intensify?

7) Are there any signs that a seizure is about to occur?

8) Can seizures be interrupted in any way?

9) How are seizures controlled?

b. **If "No", the following questions should be asked:**

1) Does the person have "staring" spells that seem to intrude into ongoing activities?

2) Does the person have periods of gazing into space during which is difficult to get the persons attention?

3) Does the person engage in explosive behavior for no apparent reason, and does the person appear to be totally "out of control?"

23. **Current Medication.** In this section, the person's current medication should be reviewed.

NAME OF MEDICATION	PRESCRIBED DOSAGE	SCHEDULE OF DELIVERY	DATE INITIATED	REASON(S) FOR MEDICATION

    a.   Who are the prescribing physicians?

    b.   What are the effects of the medications? How are the medications effecting the person's behavior?

    c.   Have there been any side effects of the medications? (Review PDR).

    d.   Impressions / Concerns / Recommendations.

24. **History of Medication:** In this section, the person's history of medication usage for behavioral problems should be reviewed. This section should be completed (a) if there are serious concerns about the efficacy of medication for the control of problem behaviors, (b) if there is some question regarding the onset or exacerbation of the behavior problem and its relationship to changes in the person's medication status (e.g., initiation, discontinuation, change in dosage or type).

NAME OF MEDICATION AND PRESCRIBING PHYSICIAN	PRESCRIBED DOSAGE	SCHEDULE OF DELIVERY	DATE INITIATED	DATE ENDED	IMPACT, CONCERNS, ISSUES, SIDE EFFECTS

Comments / Recommendations:

J. **Previous and Current Treatment History.** This section should include any previous attempts
    to treat the current referral problems, as well as treatment provided for behavioral, psychiatric,
    psychological, and / or educational problems. The outcome of the treatment efforts should also
    be described. This section should include information concerning where, with whom, and for what
    reasons treatment was or currently is being prescribed. Also, previous hospitalizations and attempts
    at behavioral intervention should be described. Some specific areas that should be addressed include
    the following: To whom has the person been taken for problems? Has the person received medication
    to ameliorate current problems? Has the person been seen by psychiatrists, psychologists, counselors?
    For what?

PREVIOUS AND CURRENT TREATMENT HISTORY	
NAME OF AGENCY:	**CONTACT PERSON:**
ADDRESS:	**PHONE NUMBER(S):**

DESCRIBE THE REASON(S) OR TARGET BEHAVIORS FOR WHICH TREATMENT WAS SOUGHT:

PROCEDURE / METHOD Describe the procedures used as part of the treatment.	**EFFECT** What were the effects of the treatment? Was the treatment effective? If not, why? Were there any problems associated with the treatment? Were there any side effects of the treatment?
1.	
2.	
3.	
4.	
5.	
6.	

WHAT IS YOUR OVERALL EVALUATION OF THE TREATMENT?

PREVIOUS AND CURRENT TREATMENT HISTORY	
NAME OF AGENCY:	**CONTACT PERSON:**
ADDRESS:	**PHONE NUMBER(S):**

DESCRIBE THE REASON(S) OR TARGET BEHAVIORS FOR WHICH TREATMENT WAS SOUGHT:

PROCEDURE / METHOD Describe the procedures used as part of the treatment.	**EFFECT** What were the effects of the treatment? Was the treatment effective? If not, why? Were there any problems associated with the treatment? Were there any side effects of the treatment?
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WHAT IS YOUR OVERALL EVALUATION OF THE TREATMENT?

PREVIOUS AND CURRENT TREATMENT HISTORY	
NAME OF AGENCY:	**CONTACT PERSON:**
ADDRESS:	**PHONE NUMBER(S):**

DESCRIBE THE REASON(S) OR TARGET BEHAVIORS FOR WHICH TREATMENT WAS SOUGHT:

PROCEDURE / METHOD Describe the procedures used as part of the treatment.	**EFFECT** What were the effects of the treatment? Was the treatment effective? If not, why? Were there any problems associated with the treatment? Were there any side effects of the treatment?
1.	
2.	
3.	
4.	
5.	
6.	

WHAT IS YOUR OVERALL EVALUATION OF THE TREATMENT?

COMMUNICATION DOMAIN

A. **Method or Means of Communication.**

1. Describe the person's general communication ability. How well does the person communicate?

2. How does this person ordinarily communicate his or her needs (e.g., conventional verbal language and gestures; conventional sign language; traditional writing, autocom, or other visual method; pictures, picture board or other augmentative system; American Indian sign language; pointing and gestures with sounds; unconventional gestures with sounds and shift of gaze; unconventional gestures without sounds or shifts in gaze; verbal repetition delayed or immediate; occasional sounds; looks and gestures; looks and gazes only, etc.)

B. **Expressive Language Skills.**

    1. **General information:**

        a. Does the person use VERBAL LANGUAGE to express needs?

        b. If "YES," what language does the person generally use?

        c. Approximately how many words can the person use?

            1) Of these, how (or percentage) many are used to interact in a meaningful way with others?

        d. Does the person use speech spontaneously, or must prompts be used?

        e. Does the person ask meaningful questions to obtain information or to get needs fulfilled?

        f. Does the person greet others by name?

        g. Does the person initiate or hold conversations with others? If so, how complex are these conversations?

        h. Does the person relate personal experiences in a factual manner?

        i. How understandable is the person's language? Are there any difficulties with understandability? Are there any articulation problems?

        j. Does the person have problems such as stuttering, echolalia (immediate or delayed), of perseveration.

2. People communicate in many different ways. In addition to the above means of communicating, does the person use the following methods to communicate needs? If "YES," describe briefly.

   a. Aggression (e.g., hit, kick, slap, push).

   b. Tantrums (e.g., scream, cry, throw).

   c. Verbal or physical threats (e.g., raised fist, "I'll hit you." "I'll get you." "If you don't do _____, I will _____.").

   d. Ritualistic behavior. (e.g., checking, retracing, opening, and closing, muscular tics).

   e. Self-Stimulatory Behavior (e.g., flapping hands, twirling, jumping, staring at lights).

   f. Self-Injurious Behavior (e.g., slaps, hits, bites, scratches, bangs self).

   g. Grabbing, pulling, touching others.

   h. Reaching.

   i. Change in intonation and /or volume.

   j. Proximity to others (e.g., gets closer).

   k. Running.

   l. Hyperactivity or motor agitation.

   m. Withdrawal.

   n. Crying, whimpering.

   o. Gaze shift (e.g., looking away).

   p. Other.
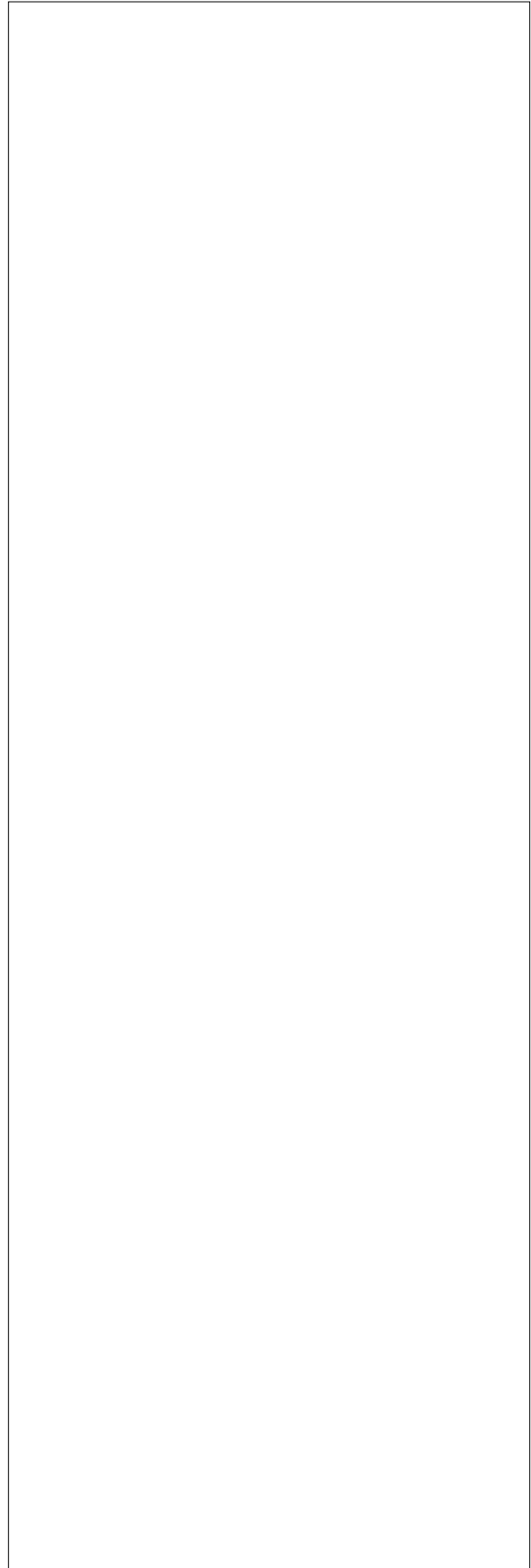
3. Describe how the person usually indicates that he / she wants things such as the following:

    a.   An object.

    b.   Something to eat or drink.

    c.   Someone to come or be near.

    d.   To have attention.

    e.   To play.

    f.   To be tickled or wrestled with.

    g.   To be with peers and others.

    h.   Time alone.

    i.   More space (go away).

    j.   A certain activity.

    k.   To be touched.

    l.   Needs to use the toilet.

    m.   Wants to go to bed.

4. Describe how the person indicates he / she wants SOMEONE to do the following:

    a.   Give something.

    b.   Perform some action.

    c.   Give assistance.

    d.   Come closer.

    e.   Give praise and affection.

    f.   Give information or to clarify something.

5.   Describe how the person communicates to SOMEONE the following:

    a.   To "stop" some action or activity.

    b.   Refusal of an activity (e.g., "No, I don't want to.")

    c.   Wants to take a break.

    d.   A change of mind, position, task.

    e.   Wants to continue beyond allotted time.

    f.   Wants to leave the situation.

    g.   Wants to be left alone.

6.   How does the person express the following:

    a.   Boredom.

    b.   Confusion.

    c.   Sadness.

    d.   Anger.

    e.   Fear.

    f.   Anticipation.

g. Pleasure.

h. Pain.

i. Enjoyment.

j. Frustration.

k. Affection.

l. Happiness.
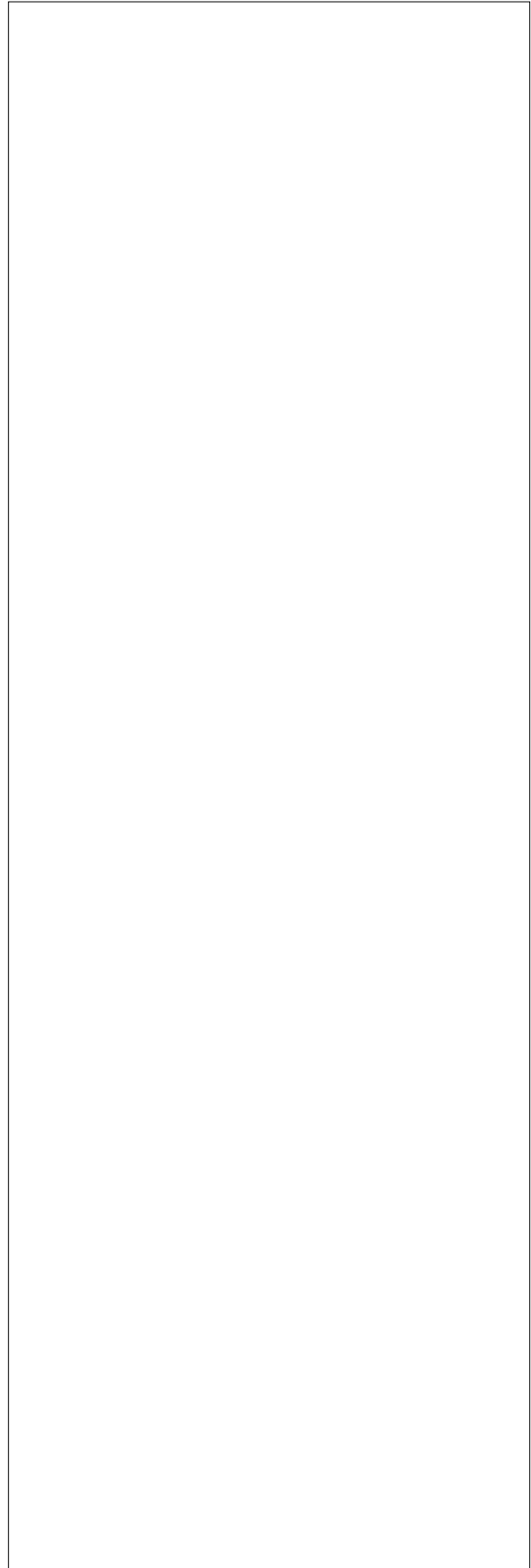
C. **Receptive Language Skills.**

1. **General Information:**

a. Does the person understand spoken language, and if "YES," describe briefly.

b. Approximately what size of receptive vocabulary (small, average for age) does the person have?

c. What level of complexity of directions can the person follow (1-2-3-multi-stepped)?

d. Does the person listen when others speak?

e. How much of what is said (or signed) does the person understand (all, much, some, little, none)?

f. Does the person understand more of what is said or signed when accompanied by gestures?

g. Does the person understand more when what is said or signed is in the appropriate context?

h.   Describe the conditions under which the person seems to understand what is said or signed.

i.   What level of conversation does the person understand and participate?

j.   How does the person indicate that he / she understands what is being said?

COGNITIVE / ACADEMIC DOMAIN

A. **General Level of Functioning.** (Describe the person's general level of cognitive functioning as reported in formal cognitive testing. Be sure to include the names of the tests, the dates, and the general results. Describe briefly specific strengths and weaknesses as described in the formal testing; e.g., abstract vs. concrete learner, visual vs. auditory learner, visual / auditory perceptual abilities, information processing abilities, short-term and long-term memory. Formal subtest scores should also be considered.)

B. **Reading Skills.** Describe the person's reading abilities. What is the person's reading grade level _____? What is the person's spelling grade level _____? What is the person's reading comprehension grade level _____? Is the person able to READ his / her first name_____, last name _____? Does the person recognize safety words _____? Does the person read the newspaper _____, want ads _____, recipes _____, simple instructions _____? Does the person read as a leisure time activity _____, use public library _____, use a dictionary _____, use telephone book _____?

C. **Writing Skills.** Describe the person's writing abilities. Does the person copy own name _____, print own name _____, write own signature _____, copy own address _____, write own address _____, copy own telephone number _____, write own telephone number _____, write a simple sentence _____, write simple letters _____, address an envelope _____, mail a letter _____, put a stamp on a letter _____, write legibly _____, print _____, write in cursive _____, use correct capitalization _____, spell correctly _____?

D. **Number Skills.** Describe the person's math abilities. The person's math skills are at the _____ Grade Level. The person can count to _____. The person is able to add _____, subtract _____, multiply _____, divide _____? The person can name the following coins: penny _____, nickel _____, dime _____, quarter _____, half dollar _____? The person can name the following paper currency: $1 _____, $5 _____, $10 _____, $20 _____, $50 _____, $100 _____? The person knows the relative values of money _____? The person can make change _____? The person can count out amount equal to written price _____? The person pays for items with enough money to cover cost _____? The person uses calculator _____?

E. **Measurement.** Does the person seem to understand the CONCEPTS OF length _____, weight _____, quantity _____, more _____, less _____? Does the person use measurement tools _____? Does the person measure lines in feet / inches _____? Does the person measure liquids _____? Does the person use a bathroom scale _____?

F. **Time.** Identifies day and night _____? Identifies time of day _____? Tells time by hour _____? Tells time by half hour _____? Tells time by quarter hour _____? Tells time in five minute intervals _____? Tells time by minute _____? Sets time on clock or watch _____? Sets alarm _____? Arises with alarm _____? Arrives on time for appointments _____?

G. **Calendar.** Is the person able to name the present day of week _____? Does the person differentiate today _____, tomorrow _____, yesterday _____? Can the person identify days of week on calendar _____? Does the person name months in sequential order _____? Can the person identify the present month of the year _____? Can the person identify months of the year on calendar _____? Can the person name the seasons _____, identify the present season _____, identify the month and season of common holidays _____? Can the person state own birthday _____, locate own birthday on calendar _____? Can the person state the present year _____, today's date _____? Can the person describe information about weekend _____?

H. **Matching Skills / Recognition of Pictures.** Describe the person's ability to match objects, to match events, to match pictures to real world events. Describe the person's ability to complete jig-saw puzzles. Describe the person's ability to recognize pictures. Describe the person's ability to imitate the actions of others.

SELF-CARE DOMAIN

In this section, describe the person's abilities in the following areas. Rate each of the statements below using these Level of Assistance Codes: 0 = Independent; 1 = Verbal Reminders; 2 = Gestural Assistance; 3 = Modelling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = N/A

A. **Eating Skills.** Eats with spoon _____, Eats with fork _____, Spreads with knife _____, Uses napkin _____, Drinks from glass _____, Uses good posture _____, Chews _____, Asks for assistance _____.

B. **Dressing and Undressing Skills.** Puts on pants _____, underwear _____, socks _____, dress _____, nylons _____ pullover shirt _____, blouse / shirt _____, ties shoes _____, laces shoes _____, buttons _____, zips _____, snaps _____, Removes pants _____, underwear _____, socks _____, dress _____, nylons _____, pullover shirt _____, blouse / shirt _____, shoes _____, Selects clothing _____, Changes clothing _____.

C. **Toileting Skills.** Urinates in toilet _____, bowel movements in toilet _____, flushes toilet _____, cleans properly following elimination _____, washes after elimination _____, remains dry through night _____.

Describe the Person's Schedule of Toileting:

D. **Bathing Skills.** Enters tub / shower _____, washes hands and face _____, washes body parts _____, uses soap _____, rinses _____, dries _____, washes after meals _____, regulates temperature _____, applies deodorant _____.

E. **Oral Hygiene.** Applies toothpaste _____, brushes teeth _____, rinses mouth _____, gargles water _____, uses dental floss _____.

F. **Nasal Hygiene.** Blows nose _____, carries tissue _____, wipes nose _____, keeps nose clean _____, uses handkerchief _____.

G. **Grooming.** Brushes hair _____, combs hair _____, washes hair with shampoo _____, washes hair with water _____, uses mirror during grooming _____, proper hair style _____, uses hair dryer _____, uses hair curlers _____, applies makeup _____, uses tweezers _____, keeps nails clean _____, trims nails _____, files nails _____.

H. **Shaving Skills.** Applies shaving soap _____, applies shaving lotion _____, inserts blade _____, shaves all surfaces _____, cleans after shaving _____, uses electric razor _____, shaves legs _____, shaves arms _____, trims sideburns _____.

I. **Menstrual Cycle.** Recognizes onset of cycle _____, applies napkin _____, disposes of napkin _____, changes napkin _____, maintains proper hygiene, keeps menstrual calendar _____.

DOMESTIC SKILLS DOMAIN

In this section, describe the person's abilities in the following areas. Rate each of the statements below using these Level of Assistance Codes: 0 = Independent; 1 = Verbal Reminders; 2 = Gestural Assistance; 3 = Modelling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = N/A

A. **Kitchen Maintenance.** Empties garbage _____, sweeps floor _____, mops floor _____, waxes floor _____, washes and rinses dishes _____, dries dishes _____, operates dishwasher _____, sorts utensils _____, puts utensils away _____, puts dishes away _____, cleans sink _____, clears and wipes counter _____, wipes appliances _____, operates disposal _____.

B. **Bedroom Maintenance.** Makes bed _____, changes linen _____, empties wastepaper basket _____, hangs up clothing _____, places clothing in drawers _____, picks up clothing _____.

C. **Living Room Maintenance.** Vacuums rug / floor _____, dusts furniture _____, polishes furniture _____, empties ashtrays _____, clears furniture _____, cleans windows _____.

D. **Bathroom Maintenance.** Cleans tub / shower _____, cleans toilet _____, hangs up towels _____, replaces toilet paper as needed _____.

E. **Outdoor Maintenance.** Waters lawn/plants with hose _____, waters with sprinkler _____, cuts lawn with hand mower _____, cuts lawn with power mower _____, rakes lawn _____, trims hedges and shrubs _____, puts trash container out for collection _____, hoses or sweeps driveway and sidewalk _____.

F. **Laundry Skills.** Identifies dirty clothes _____, sorts clothing _____, loads machine _____, selects proper washing cycle _____, measures detergent _____, starts washer _____, transfers clothing from washer to dryer _____, starts dryer _____, removes clothing from dryer _____, folds clothing _____, stores clothing _____, selects hand washables _____, selects clothing for ironing _____, sets up ironing board _____, fills iron with water _____, uses iron _____, uses spray starch _____, uses bleach when needed _____.

G. **Meal Time Skills.** Uses oven _____, sets oven temp. _____, uses can opener _____ uses knives safely _____, prepares simple meals _____, operates stove safely _____, discerns perishable and nonperishable _____, distinguishes frozen from non-frozen foods _____, follows simple recipe _____, measures quantities _____, makes breakfast _____, makes sandwich _____, plans meal _____. Uses Appliances, toaster _____, mixer _____, broiler _____, coffee pot _____, stove timer _____. Uses Utensils, frying pan _____, cookie sheet _____, grater _____, ladle _____, colander _____, wine opener _____. Mealtime Tasks, sets table _____, serves meal _____, clears table _____, scrapes plates _____, rinses dishes _____, stacks dishes after meal _____, wipes table _____, stores food properly _____, wraps food properly _____.

COMMUNITY SKILLS DOMAIN

In this section, describe the person's abilities in the following areas. Rate each of the statements below using these Level of Assistance Codes: 0 = Independent; 1 = Verbal Reminders; 2 = Gestural Assistance; 3 = Modelling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = N/A

A. **Telephone Skills.** Reads telephone number _____, dials number _____, answers telephone _____, knows own telephone number _____, recognizes busy signal _____, makes local calls _____, uses appropriate telephone language _____, dials information _____, uses pay phone _____, makes long distance calls _____, uses phone for social calls _____, makes collect calls _____, telephones for assistance _____.

B. **Personal Identification.** Identifies self _____, carries identification card _____, carries bus pass _____, carries social security card _____, knows own address _____.

C. **Community Mobility.** Walking. recognizes crosswalk _____, looks both ways before crossing _____, crosses with lights _____, walks on sidewalk _____, walks on shoulder of road _____, finds way home _____. Bus. catches bus on time _____, walks to bus stop _____, identifies bus stop _____, identifies proper bus _____, boards correct bus _____, shows bus pass _____, deposits correct amount _____, requests transfer _____, acts properly on bus _____, signals driver to stop at correct destination _____, completes transfer to correct bus _____, gets off at correct destination _____.

D. **Shopping Skills.** Expresses need _____, buys simple items _____, prepares shopping list _____, uses shopping cart _____, selects items on shopping list _____, buys fresh food, buys seasonal items _____, buys healthful food _____, shops for food for several days _____, buys clothing _____, shops for bargains _____, makes purchase _____, gives money _____, waits for change _____, receives correct change _____, stays within limits of budget _____, exchanges items _____, appropriate behavior in stores _____.

E. **Money Management.** Endorses check _____, cashes check _____, identify amount of check _____, opens bank account _____, maintains savings account _____, writes check _____, records check in register _____, computes balance _____, fills out deposit slip _____, balances monthly statement _____, maintains charge account _____, pays own bills on time _____, keeps important receipts _____, maintains budget _____. Basic. Realizes value of money _____, identifies currency _____, identifies coins _____, knows relative values of currency/coins _____, reads price tags _____.

F. **Safety and Behavior Challenges in the Community.** (Is the person safe in the community? What behavior challenges are evidenced in the community? What are the concerns for the person's safety and other people's safety in the community?)

LEISURE SKILLS / RECREATIONAL DOMAIN

What does the person do with his / her leisure time? Use the following codes to indicate whether or not, and how much the person is involved in the activities described below:
0 = not at all, 1 = infrequently, 2 = on occasion, 3 = frequently, 4 = very frequently.

A. **Indoor Activities.** Television _____, listens to radio _____, listens to music _____, painting _____, works with clay _____, drawing _____, sewing _____, embroidery _____, crochet _____, knitting _____, exercise _____, board games _____, card games _____, puzzles _____, Ping-Pong _____, pool _____, plays with pet _____, indoor plants _____, reads newspaper _____ invites friends over _____.

How does the person occupy him / herself indoors when not directed / scheduled or entertained by others?

B. **Community/Outdoor Activities.** Jogging _____, gardening _____, movies _____, competitive sports _____, hiking _____, camping _____, attends parties _____, dancing _____.

How does the person occupy him / herself outdoors when not directed / scheduled or entertained by others?

C. **Other.** Briefly describe any other activities in which the person might participate during free time, and leisure activities. How does the person occupy him / herself when not directed or scheduled? How does the person independently occupy or entertain him / herself? What does the person do with his / her leisure time?

MOTOR ACTIVITY DOMAIN

A. **Motor Activity.** Describe the person's general level of activity. Does the person manifest an average rate of activity compared to others? Is the person overly active compared to others? Would you describe the person as restless, or fidgety? Does the person seem to wander aimlessly? Does the person seem to get into things frequently? What are the conditions under which the person is most active? Least active?

B. **Attention Span and Distractibility.** Describe the person's ability to sustain attention. Does the person have a short attention span? How long is the person able to sustain attention on a preferred activity? Nonpreferred activity? Would you describe the person as distractible?

C. **Tics and Habitual Mannerisms.** (Does the person manifest any of the following perseverative motor activities? Twitches of the face and shoulders? Blinking? Sucking? Sucks thumb? Nail biting? Head banging? Picking? Gesturing? Stereotyped Behaviors, e.g., twirling, gazing, lining objects, touching, licking? If "YES," describe briefly. Does the person carry out repetitive motor rituals; e.g., hand washing, re-tracing? Does the person start motor routines (e.g., touching, spitting, wiping) but have difficulty stopping these actions? What happens when attempts are made to INTERRUPT motor rituals?

EMOTIONAL DOMAIN

Emotions can have a powerful effect on behavior. Whether a person is happy, afraid, or angry may act as a setting event that influences the likelihood that environmental events might trigger a behavior or not. Thus, this short review below is designed to ascertain the focus person's breadth of emotions and how they influence behavior.

A. Does the person show signs of ANGER? Does the person have temper tantrums, and / or engage in property destruction? How does he/she manifest anger? How does he/she manifest frustration? Can he / she communicate these emotions, and how? How intense are these? What makes the person angry? Would you describe the person as an angry person? What percentage of the time does the person appear ANGRY? How does ANGER influence the target behavior(s)?

B. Does the person cry, seem to be depressed, or UNHAPPY? How does he / she express unhappiness? Is person described as unhappy, miserable? How often are these emotions expressed? What makes the person unhappy? What percentage of time does the person appear to be UNHAPPY? How does UNHAPPINESS influence the target behavior(s)?

C. Does the person have FEARS? If "YES" what is the person afraid of? (Night, animals, objects, places). How does the person express fear? How do you know he / she is afraid? Would you describe him / her as a fearful person? How does FEAR influence the target behavior(s)?

D. Does the person show AFFECTION? If "YES" how is affection shown? How does the person respond to attempts to give affection? Does the person seem to enjoy, or just tolerate touching or hugging? Does the person seem to have developed relationships with others (e.g., fondness, bonding)? Does the person become upset when separated from certain people? Who? Would you describe the person as AFFECTIONATE? HOW does the tendency to be affectionate, or not, influence the target behavior(s).

E. Does the person show signs of HAPPINESS? How is happiness expressed (e.g., smiles, laughs, jokes)? Would you describe the person as a HAPPY person? How does being happy influence the occurrence or non-occurrence of the target behavior(s)?

SOCIAL SKILLS DOMAIN

A. In general, DESCRIBE the person's INTERACTIONS with others. Does the person interact with others? Does the person seek out others? Who does the person seek out to meet needs? Who does the person "hang out" with?

B. What are the person's RELATIONSHIPS with and preferences for the following groups?

    1. Parents:

    2. Siblings:

    3. Peers:

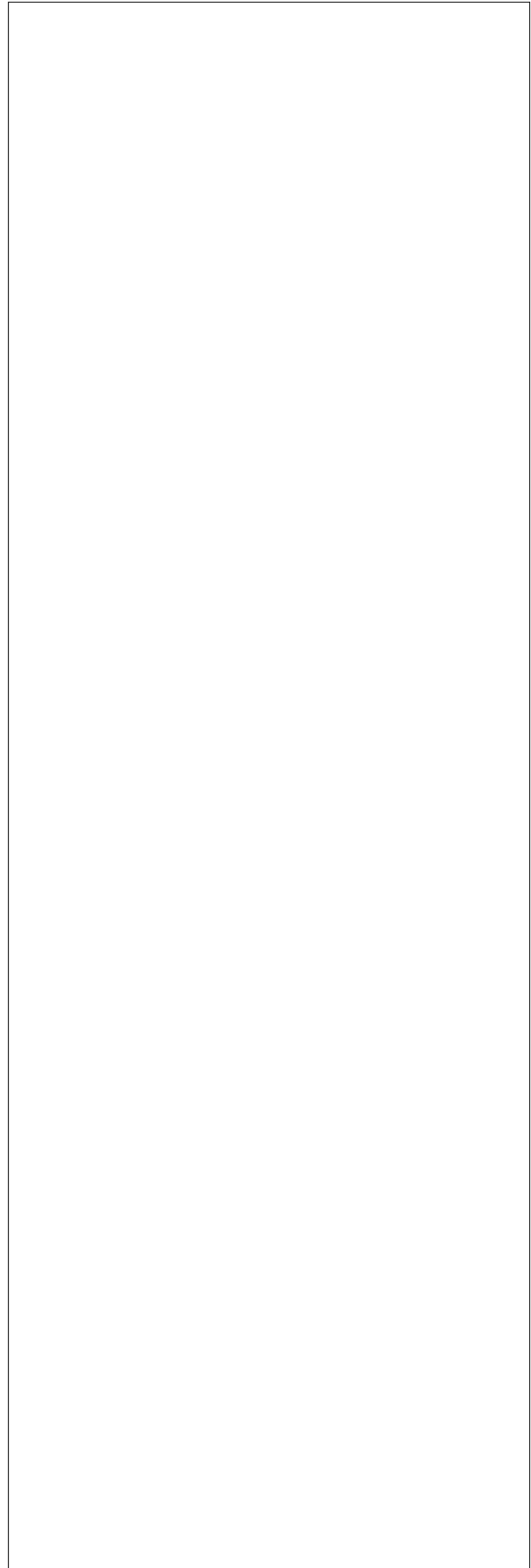   4. Teachers?

    5. Staff?

    6. Animals?

    7. Others?

C. Does the person have FRIENDS? If so, give their names and describe the amount of time spent with them. Describe the quality of interactions with these individuals.

D. Does the person have difficulty INITIATING and /
    or MAINTAINING friendships? What difficulties
    does the person have this area? Does the person
    have the skills to initiate interactions?

E. DESCRIBE the person's ASSETS or TALENTS in
    the area of socialization (e.g., respects others,
    respects property, is accepted by others, is asked
    to participate in social activities by others, popular
    with peers).

F. Does the person have any SPECIAL QUALITY that
    would be of interest to others? What are they?
    (e.g., computers, art, collecting, etc.)

G. Describe the person's UNDESIRABLE SOCIAL
    TRAITS. What does the person do that offends,
    irritates, alienates others?
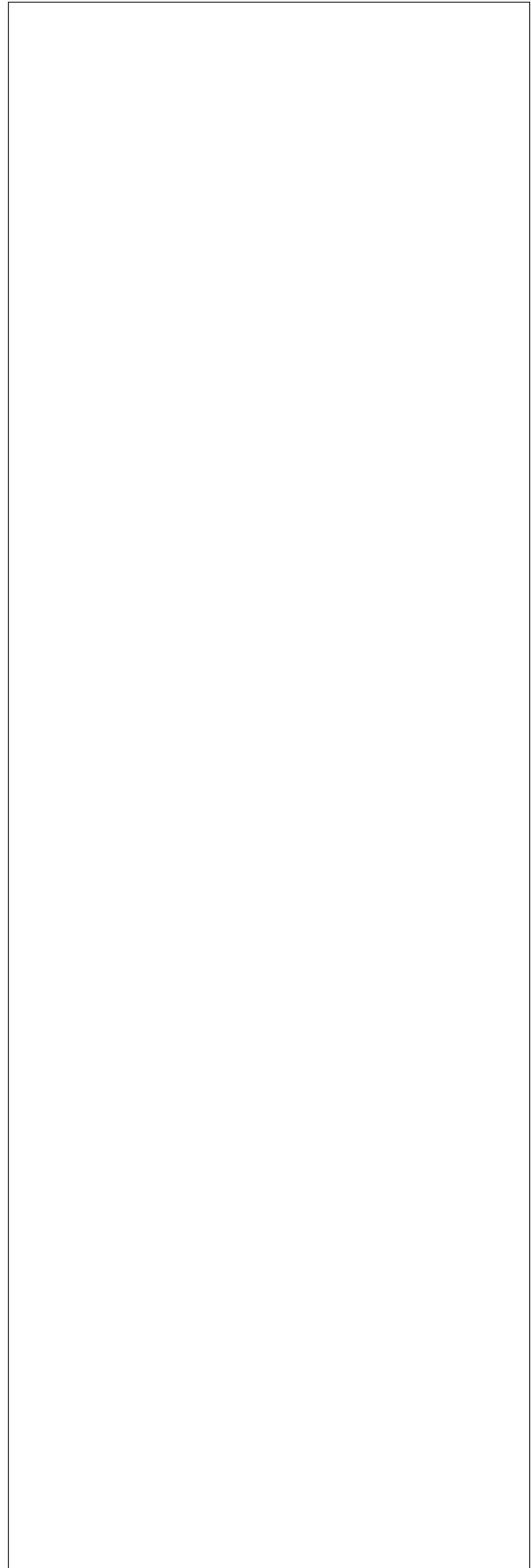
H. Does the person show any interest in SEX?
    If so, how?

I. Does the person have an UNDERSTANDING
    of SEX (e.g., function, method, safety, and
    social acceptability)?

J. Does the person express an interest in or a wish to
    participate or be with another person sexually?

PROBLEM BEHAVIOR INVENTORY (PBI)

On the following pages, read each item and rate how often the described problem occurs using the rating scale above each set of descriptions. If the behavior does not occur, leave the row blank. Add any additional information related to the described problems in the section labeled "Comments and Other Problems."

Name of Person: _____

Date of Birth: _____

Date PBI Completed:_____

A. MEALTIME AND EATING PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Refuses to eat								
2. Eats too much								
3. Eats things that shouldn't be eaten (dirt, feces, paint)								
4. Uses hands and fingers to eat								
5. Plays with food								
6. Throws food								
7. Steals food								
8. Spills food								
9. Takes too much food								
10. Gets out of seat								
11. Fights at table								
12. Eats only limited foods								
13.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

B. URINATION AND BOWEL PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Wets pants at home								
2. Wets pants at school								
3. Wets pants at restaurants								
4. Wets pants at friends								
5. Wets pants at play								
6. Wets bed at home								
7. Wets bed at friends								
8. Bowel movements in pants								
9. Urinates in places shouldn't								
10. Bowel movements in places shouldn't								
11. Plays with bowel movement								
12. Smears / eats feces								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

C. NIGHTTIME AND SLEEPING PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Awakens at night								
2. Nightmares								
3. Wanders around at night								
4. Screams and cries								
5. Refuses to go to bed								
6. Leaves bedroom								
7. Comes into parent's bedroom								
8. Walks in sleep								
9. Not enough sleep								
10. Bangs at night								
11.								
12.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

D. MUSCULAR PROBLEMS AND HABITUAL MANNERISMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Becomes stiff and rigid								
2. Twitches and jerks and shakes								
3. Excessive blinking								
4. Sucks thumb								
5. Bites nails								
6. Picks nails and fingers								
7. Chews on clothing, blankets								
8. Falls down								
9. Bumps into things								
10. Jumps up and down								
11. Retraces steps								
12. Walks on lines of sidewalks								
13. Checks and re-checks								
Other:								
Other:								
Other:								
Other:								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

D. MUSCULAR PROBLEMS AND HABITUAL MANNERISMS (CONTINUED)	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
SELF-STIMULATORY BEHAVIOR								
14. Twirls objects								
15. Lines up objects								
16. Walks on toes								
17. Rocks								
18. Twirls self round and round								
19. Flaps hands								
20. Holds hands in strange positions								
21. Runs / walks around aimlessly								
22. Repetitive giggling / laughing								
23. Assumes strange postures								
24. Grinds teeth								
25. Stares at moving objects								
26. Genital manipulation								
27. Rectal digging								
Other:								
SELF INJURIOUS BEHAVIOR								
28. Attempts to hurt self								
29. Bangs head								
30. Bites self								
31. Hits self with fists								
32. Plays with electrical sockets								
33. Scratches self								
34. Throws body against objects								
35. Cuts off circulation								
Other:								
Other:								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

E. FEELINGS AND EMOTIONS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Cries								
2. Shouts angrily								
3. Temper outbursts								
4. Throws self on floor, chairs								
5. Yells and screams								
6. Throws objects								
7. Breaks things intentionally								
8. Breaks windows								
9. Turns over furniture								
10. Hits adults								
11. Hits children								
12. Bites								
13. Kicks								
14. Pinches								
15. Scratches								
16. Hurts others								
17. Uses profanity								
18. Strikes with weapons								
19. Fights with others								
20. Spits at others								
21. Runs Away								
22. Pouts and sulks								
23. Withdraws								
Other:								
Other:								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

F. ATTENTION AND ACTIVITY PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Wanders from room to room								
2. Opens and closes doors								
3. Opens cupboards and drawers								
4. Gets into parent's belongings								
5. Wanders away, runs off								
6. Opens and closes refrigerator								
7. Climbs and jumps on furniture								
8. Runs around the house								
9. Touches things that shouldn't								
10. Easily distracted								
11. Doesn't finish activities								
12. Acts without thinking								
13. Does things impulsively								
14.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

G. SEX RELATED PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Plays with sex organs								
2. Engages in sex play								
3. Touches or attempts to touch sex organs of others								
4. Exposes self to others								
5. Open masturbation								
6. Removes clothing in public								
7. Uses objects in sex play								
8. Hands in pants								
9. Attempts to touch others								
10. Forces self on others								
11.								
12.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

H. PROBLEMS RELATED TO STEALING AND FIRE SETTING	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Steals from parents								
2. Steals from others								
3. Steals food								
4. Things frequently missing when person is present								
5. Objects of unknown origin in possession								
6. Sets fires								
7. Plays with matches								
8. Plays / touches stove								
9.								
10.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

I. OPPOSITIONAL BEHAVIOR	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Says "no"								
2. Disobeys								
3. Starts but does not finish								
4. Does opposite of what is told								
5. Dawdles								
6. Refuses discipline								
7. Does not respond to direction								
8.								
9.								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

If the person was to be given 10 typical requests,

a. What number of requests would be followed after the first request? _____

b. What number of requests would be followed after the second request? _____

c. What number of requests would be followed after the third request? _____

d. What number of requests would be followed after the fourth request? _____

e. What number of requests would never followed? _____

f. List 10 requests that he / she would most likely NOT do (i.e., "noncompliance"):

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

g. List 10 requests that he / she would most likely DO (i.e., "comply"):

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

J. OTHER BEHAVIOR PROBLEMS	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. Cheats								
2. Counts things over and over								
3. Checks and re-checks								
4. Excessive hand washing								
5. Repeatedly brings up same subject								
6. Says things that are strange								
7. Talks about hurting others								
8. Talks to self								
9. Carries on conversations with imaginary others								
10. Reports seeing and hearing things that are not really there								
11. Reports peculiar body sensations								
12.								

Comment and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

K. FEARFUL BEHAVIOR	Every Few Minutes	Every Half Hour	Every Hour	Several Times a Day	Daily	Several Times a Week	Several Times a Month	H S DP
1. New situations								
2. Strangers								
3. People								
4. Being left alone								
5. Being enclosed								
6. Being restrained								
7. Illness / death								
8. Animals								
9. Bugs								
10. Water								
11. Darkness								
12. Nighttime								
13. Thunder, rain, lightening								
14. Loud noises								
15. Change								
16. Other								

Comments and Other Problems:

H = Home   S = School   DP = Day Program   N/A = Does Not Apply

MEDIATOR DESCRIPTION

The purpose of the Mediator Description is to assess the characteristics of those who have the primary responsibility for the person's behavior and/or providing services. The Mediator Analysis attempts to identify the characteristics of the people involved in the persons life with attention given to those characteristics that might enhance or detract from the successful provision of behavioral services. Some of the characteristics addressed include the following: motivation, cooperation, technical skills, level of staffing resources, parenting or teaching philosophy, philosophy of behavior management, etc.

PARENTS AND FAMILY

A. **Disciplinary Methods.**

1. Who has responsibility for discipline?

2. What methods are used when person misbehaves? List and describe how often they are used.

3. People use a variety of methods to manage behavior. How often are the following techniques used, and what are the effects?

METHOD	HOW OFTEN USED?	WHAT IS / WAS THE EFFECT?
Discussion		
Yelling		
Spanking		
Restriction		
Loss of Privileges		
Isolation		
Other		

4.   What methods have been found to work?

5.   Is there agreement / disagreement over the form of discipline used?

B.   **Behavioral Vignettes.** How would you deal with the following situations if they occurred? Indicate the person (e.g., mom, dad, teacher) who has the specific reaction.

DESCRIPTION	REACTION OR METHOD OF DEALING
1. He / She refused to do what is asked?	
2. He / She uses profanity?	
3. He / She hits you?	
4. He / She hits another person?	
5. He / She lies?	
6. He / She steals?	
7. He / She talks back?	
8. He / She has a tantrum?	
9. He / She refuses to go to bed?	
10. He / She refuses to eat food on table?	
11. He / She forgets chores?	

C. **Attitudes Toward Child Rearing.**

    1.   What do you believe is the ROLE of a parent (Care provider?)

    2.   What are your major EXPECTATIONS for the person? Expectations of behavior? Expectations of self control? Expectations regarding ability to learn? Expectations for immediate and long-term future?

    3.   What are RULES of the HOME? List in order of IMPORTANCE.

    4.   Are there any CULTURAL differences that should be taken into consideration?

D. **Parental Relationships.**

    1.   How do parents get along? Are there any problems (e.g., fighting, arguments, pending divorce, pending separation)?

    2.   What do they enjoy together?

    3.   How do they spend their evenings?

    4.   How do they spend their weekends?

    5.   What are the father's major child-care responsibilities?

E.   **Parent-Child Interactions (Focus Person).**

1.   What sorts of things does each parent do with the child?

2.   What do they do together as a family?

3.   Do they play together?

4.   How much time does father spend with child daily, weekly?

5.   How much time does mother spend with child daily, weekly?

6.   Do parents describe their interactions with the child as positive or negative?

7.   Do they look forward to being with the child?

F. **Parent-Child Interactions (Other Children).**

    1.   How much time does the father spend with his other children daily, weekly?

    2.   How much time does the mother spend with her other children daily, weekly?

    3.   Do parents describe their interactions with their other children as positive or negative?

    4.   Do they look forward to being with their other children?

G. **Time Factor or Other Environmental Constraints.** Are there any problems, other commitments, or issues that might prevent one or both parents from implement a support plan (e.g., work schedule, number of children, clubs, out of town)? Describe these.

H. **Impressions.** Summarize the parents' ability to implement the support plan in the home setting.

SERVICE PROVIDERS / PAID STAFF

A.   **Behavioral Strategies**

  1.   Who has responsibility for implementing behavioral support plans?

  2.   What are the agreements / disagreements over the behavioral strategies being used?

  3.   What are the agreements / disagreements over the use of behavioral strategies generally?

  4.   What are the agreements / disagreements regarding the use of STRICTLY positive strategies?

B.   **Attitudes / Philosophical Context**

  1.   What do you believe your ROLE is with reference to challenging behavior?

  2.   What are your major EXPECTATIONS for the person? Expectations of behavior? Expectations of self control? Expectations regarding ability to learn? Expectations for immediate and long-term future?

  3.   What are your major EXPECTATIONS regarding person's with disabilities in general, including developmental disabilities, mental illness, autism, etc.?

4.   What are the RULES of the SETTING? List in order of IMPORTANCE.

5.   Are there any CULTURAL / LANGUAGE differences that might be impacting on the behavior?

6.   What are the attitudes regarding the NEED for consequences / discipline for unacceptable behavior?

C.   **Staff / Person Interactions**

1.   What sorts of things do staff do with the person?

2.   Do staff describe their interactions with the person as positive or negative?

3.   How often do staff initiate social vs. program interactions with the person?

4.   Do staff use respectful / dignifying tone with the person?

5. Do staff describe that they LIKE or DISLIKE the person?

6. Do they look forward to being with and working with the person?

7. How would you describe the general interactions between staff and the people being served?

D. **Other**

1. Do support staff appear to be MOTIVATED to implement a formal behavior support plan?

2. Is it likely that support staff will COOPERATE with service plan recommendations?

3. What factors might CONSTRAIN support staff's ability to follow through with recommendations (e.g., available time, treatment philosophy, beliefs regarding the problems)?

4. What ENVIRONMENTAL CONSTRAINTS might have an impact on the ability of program staff to carry out support plan recommendations?

5. What is the level of BEHAVIORAL EXPERTISE and EXPERIENCE of support staff?

6. What level of BEHAVIORAL EXPERTISE is available TO support staff?

7. Describe the STAFFING RESOURCES currently available? What level of staffing appears to be needed to carry out a recommended support plan, and will these resources be available?

MOTIVATIONAL ANALYSIS

This section should identify the priority potential reinforcers for the person. Included here should be predictable occurring behaviors, likes and dislikes, and verbal requests. Note should be taken of interests in the areas of foods, liquids, recreational activities, self-stimulatory activities, and other frequent activities. Several of these items should be elaborated in each category. Also, include the things, persons, etc., that the person may not like.

SUMMARY OF TARGET AREAS OR COMPLAINTS

This section is divided into two broad categories of problems: behavioral excesses, and behavioral deficits. Behavioral excesses are behaviors that occur too often given the conditions in which they occur. Behavioral deficits are behaviors that are either absent from a person's repertoire altogether; or they exist in a person's repertoire but fail to occur altogether, or do not occur under the conditions where they should. In the space below, a list of the primary behavioral deficits and excesses should be made. These problems should be listed according to their treatment priority, with those requiring the most immediate attention appearing near the top of the list.

BEHAVIORAL EXCESSES	BEHAVIORAL DEFICITS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

FUNCTIONAL ANALYSIS OF PROBLEM BEHAVIORS

_____ -_____

A.   **Description of Problem and Operational Definition.**

1.   **Topography.** What specifically are the separate behaviors that can occur that make up this class of behavior? Describe the PHYSICAL CHARACTERISTICS of the different responses that make up the class. What do they look like, smell like, feel like, etc.? Describe exactly WHAT the person has to DO to be said to be engaging in this behavior.

2.   **Measurement Criteria:** The purpose of this section is to describe how the behavior may be measured / counted. The focus will be on how the behavior may be measured over time (i.e., Occurrence Measures) and how the severity of an occurrence may be measured (i.e., Episodic Severity).

   a.   **Occurrence Measures:**

      1)   **Event Recording – Cycle:** Looking at this behavior as one that has a clearly definable ONSET and OFF- SET, what would have to be seen or what would have to happen to say that an episode (i.e., a Cycle) of this behavior has begun?

      How much time would have to go by without such behaviors to say that an episode (i.e., the Cycle) of this behavior is over, i.e., that it has stopped?

      2)   **Interval Recording:** Some behaviors are hard to count because, for example, it is difficult to know when one event has stopped and when the next once has started, because it can go on for "hours," or because it happens so often it is hard to keep track of its frequency. In such situations, it might be easier and more useful to track whether or not the behavior has occurred for each specified interval of time, with the interval length being measured in terms of minutes, hours, days or even weeks. Is this a behavior that should be measure in this way? If so, why?

3) **Percent of Opportunity:** Is this a behavior that can only occur given a specific opportunity? If so, explain. Examples would be whether or not a person performs a requested activity or task when asked; carries out a preassigned chore; goes for a car ride when invited; etc.

b. **Episodic Severity Measures** (How will the severity of an event be measured? There are several dimensions along which severity can be measured, including duration, damage, impact, cost, etc.)

1) **Duration:** Is the duration, that is, how long the behavior lasts once it begins, of concern?

2) **Outcomes:** If this behavior involves self-injury or physical aggression toward others, is the degree of injury that results from the behavior of concern?

3) **Cost of Repair and Replacement:** If this behavior involves property destruction, is the cost of repair and replacement of the damaged items of concern?

4) **Other:** How else would you describe or measure the episodic severity of this behavior?

c. **Quality of Life Measures:** How does this behavior and the methods people use to control it affect the person's quality of life?

1) **Time in the Community.** Is the person's time or activities in the community restricted at all? If so, how?

2) **Restrictive Practices:**

• Physical Management: Are physical management strategies used?

• Mechanical Restraints: Are mechanical restraint strategies used?

• Chemical Restraints: Are chemical restraints used?

• Locked: Is the person ever placed behind a locked door?

• Other: Are any other restrictive methods used?

3. **Course of the Behavior.**

   a. **Precursors / Warning Signs.** Are there any warning signs, i.e., precursor behaviors, that tell you the behavior is likely to, or is about to, occur? If so, what are these?

   b. **No Warning / Sudden Onset.** Can this behavior start without any warning signs? If so, describe one example of this using an actual incident, describing in detail the moment by moment events leading up to the incident, the exact things the person did during the incident, from beginning to end, and how people around the person responded to each of these exact things.

   c. **Specific Course Examples.** Describe three examples of this behavior, using actual incidents. The first should be an example of the most typical incident; the second should be an example of a mild incident, and the third should be an example of a severe incident. For each of the three incidents, describe in detail the exact moment-by-moment (frame-by-frame) events leading up to the incident, the exact things the person did during the incident, from beginning to end, and exactly how people around the person responded to each of these exact things. Also describe in detail what the person did immediately following the end of the incident, i.e., the post-cursors, and how people responded to these behaviors.

4. **Strength of the Behavior.**

   a. **Occurrence:** When did the behavior last occur?

      1) **Event Recording-Cycle:** How Often does the behavior occur per hour / day / week / month / year? How was this rate determined? If interview estimates are used, specify the source of the estimate.

      2) **Interval recording** – How long would the recording interval need to be to say that this target behavior occurs 50% of the recorded intervals, assuming that for each specified interval during the person's waking day, the occurrence or nonoccurrence of the behavior is recorded? How was this determined? Any size interval can be considered, including interval lengths measured by minutes, hours, days or even weeks. If an interval recording strategy

is currently being used, or if an interval recording strategy was used as part of this assessment, how long was the interval and in what percentage of intervals did the behavior occur?

3) **Percent of Opportunity** – If this is a behavior that can only occur given a specific opportunity, in what percentage of those opportunities would /does this behavior currently occur? How was this determined?
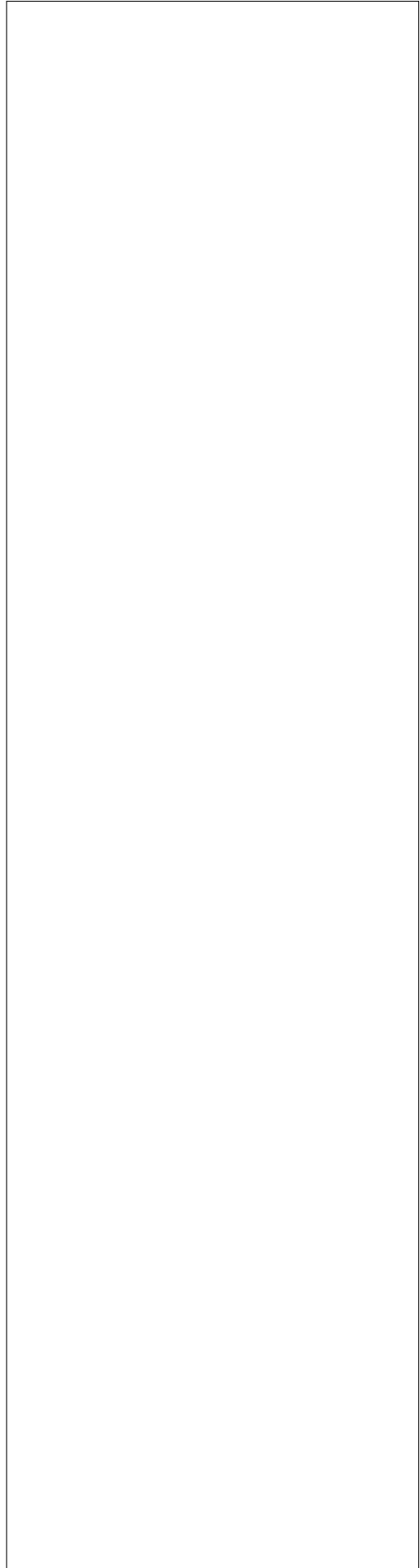
b. **Episodic Severity:**

1) **Duration:** On average, how long does this behavior last once it has started. What is the longest it will last, once it has started? What is the shortest it will last, once it has started?

2) **Outcomes:** If this behavior involves self-injury or physical aggression toward others, historically, what is the most serious outcome that has resulted from this behavior? Possibilities include, but are not limited to redness or bruising, the need for first aid, the need for medical attention, hospitalization, loss of work, etc. What has been the most serious outcome in the immediate past year? What is the least serious outcome of this behavior? What is the average or usual outcome of this behavior in terms of seriousness?

3) **Cost of Repair and Replacement:** If this behavior involves property destruction, historically, what has been the highest cost of repair or replacement of a single item that has resulted from this behavior? What has been the highest cost for repair or replacement of a single item resulting from this behavior in the immediate past year? What is the usual cost of repair / replacement resulting from property destruction? The least?

c. **Quality of Life Measures:**

1) **Time in the Community.** If the person's time or activities in the community are restricted at all, describe how.

2) **Restrictive Practices:**

- Physical Management: If physical management strategies used, describe, which ones and how often?

- Mechanical Restraints: If mechanical restraint strategies used, describe which ones and how often?

- Chemical Restraints: If chemical restraints used, describe which ones, what dosages and how often?

- Locked: How many hours a week, on average, is there a locked door between this person and others?

- Other: Describe any other restrictive methods currently being used?

B. **History of the Problem.**

1. When did the problem first appear?

2. Describe the **ups and downs**, in both occurrence and episodic severity, of the behavior over the past several days, weeks, months, years.

3. Has the behavior **increased or decreased** in occurrence or episodic severity recently?

4. In the opinions of parents / teachers/ others, what are **major contributing** factors to the behavior, both recently and historically?

5. Have there been any **significant family events** or unique upsetting experiences that may have affected the problem?

6. Have there been any recent **medical problems** that might have influenced the problem behavior?

HISTORICAL ANALYSIS
Use this chart to summarize the long-term ups and downs of the behavior

Units of Measurement

Days / Weeks / Months / Years

C.   **Antecedent Analysis.**

1.   **Settings / Locations / Places**

a.   In what **settings, places and rooms** (home, school, bathroom, in the community, etc. is the behavior **MORE LIKELY** to occur? Describe in detail the most recent example of this. Why do you think this happens?

b.   In what **settings and places** is the behavior **LESS LIKELY** to occur at all? Describe in detail the most recent example of this. Why do you think this is so?

2.   **Activities / Task** (What activities increase / decrease the likelihood of the occurrence of the behavior? For example, difficult vs. easy activities, long vs. short activities, preferred vs. non-preferred activities, familiar vs. unfamiliar activities, different academic subjects, different chores)

a.   During what **activities** is the behavior MORE LIKELY to occur? Describe the most recent example of this. Why do you think this is so?

b.   During what **activities** is the behavior LESS LIKELY to occur? Describe the most recent example of this.

3.   **People** (In whose presence are the behaviors more / less likely to occur? For example, men vs. women, adults vs. children, staff vs. consumers? Consider such characteristics as color, ethnicity, size, confidence, forcefulness, personality, experience, etc.).
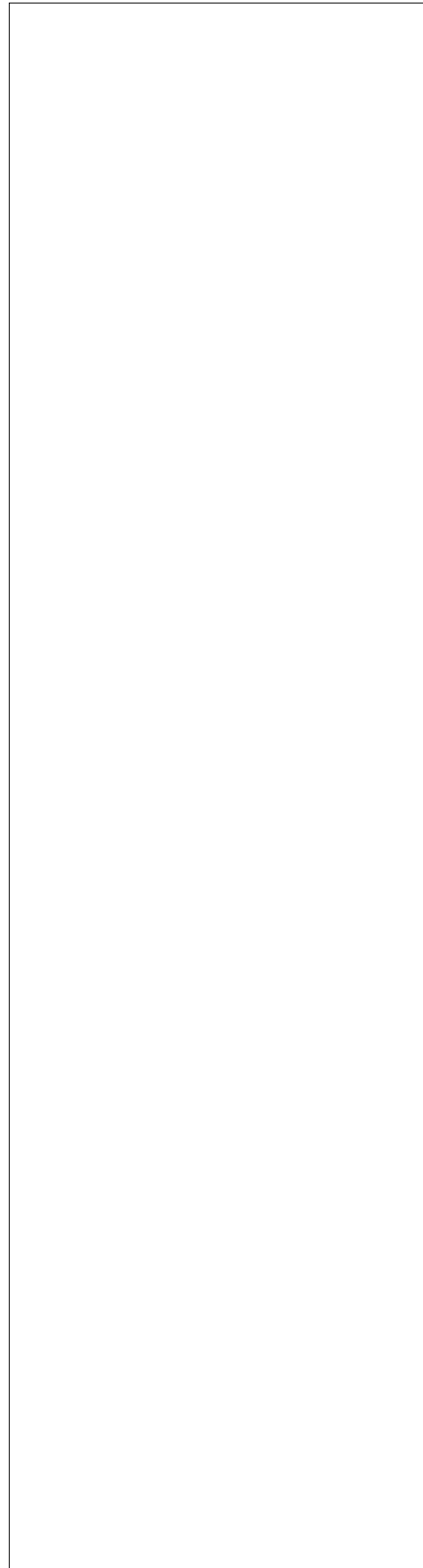
a.   With what **people** is the behavior more likely to OCCUR or become WORSE? Describe in detail the most recent example of this. Why do you think this happens?

b. With what **people** does the behavior NOT OCCUR at all, or occurs less frequently or less intensely? Describe the most recent example of this. Why do you think this is so?

4. **Time** (Behavior may occur regularly at certain times of the day, week, month or year. The purpose here is to describe the times the behaviors are MORE likely to occur or escalate, and the times that the behaviors are LESS LIKELY to occur or DON'T occur at all.

    a. During what **time of day, week, month** is the behavior more likely to occur? Describe in detail the most recent example of this. Why do you think this happens?

    b. During what **time of day, week, month** is the behavior less likely to occur? Describe the most recent example of this. Why do you think this is so?

    c. **Scatter Plot.** To assist in determining whether time of day / week / month impact the likelihood of the target behavior, a "scatter analysis" may be helpful. You can do this by plotting a graph with the hours of the day on the vertical axis and the number of incidents on the horizontal axis, indicting what number of incidents occurred during each hour of the day.

5. **Immediate Events / Actions** (What events / actions that occur before the behavior appear to SET IT OFF or STOP the behaviors or increase the likelihood that it will get worse or improve (e.g., change of activity, interruption of activity, wait for short period vs. long period, direction vs. request, direction given in stern manner vs. courteous manner, choice vs. no choice, noises, criticism, tone of voice, etc.)?

    What usually happens **right before** the behavior? What in particular seems to start or **SET OFF the behavior?** (People, things being said, noises, criticism, tone?). Describe the most recent example of this.

    a. Under what conditions does the behavior **CEASE** or become LESS FREQUENT or INTENSE?

6. **Two Million Dollar Questions:**

   a. For a million dollars if you were to be successful, how would you set it up in order to get through an entire day without a single occurrence of target behavior? Granted you may not be able to guarantee success, but what would you do to maximize the possibility of earning $1,000,000.

   What actual experience(s) have you had to give you confidence in this plan?

   b. For a million dollars if you were to be successful, how would you set it up in order to be certain that at least one incident, if not more, of the target behavior would occur during the day? Granted you may not be able to guarantee success, but what would you do to maximize the possibility of earning $1,000,000.

   What actual experience(s) have you had to give you confidence in this plan?

7. **Setting Events:** Setting Events are contextual events that may occur some time before an antecedent is presented or may occur contiguously with the antecedent that influence the relationship between a specific antecedent and the behavior. One example is "mood." A person in a "bad mood" may react very differently to criticism than the same person in a "good mood." Potential setting events are broadly evident in everyday life; some examples include, amount of sleep, illness, length of time before or since a meal, an argument with a loved one, loss of a loved one, etc.

   a. **High Likelihood Setting Events** are those events that increase the probability that an immediately preceding environmental event will trigger precursor and / or target behavior.

1) **Precursors.** List the setting events that increase the likelihood of precursor behavior. Describe the details of the most recent example of this.

2) **Target Behavior.** List the setting events that increase the likelihood of target behavior. Describe the details of the most recent example of this.

   Given the occurrence of precursor behavior, list the setting events that increase the likelihood that it will escalate to an actual occurrence of target behavior.

b. **Low Likelihood Setting Events** are those events that decrease the probability that an immediately preceding environmental event will trigger precursor and / or target behavior and / or will increase the likelihood that an immediately preceding environmental event will trigger alternative behavior.

   1) **Precursors.** List the setting events that decrease the likelihood of precursor behavior and / or increase the likelihood of alternative behavior. Describe the details of the most recent example of this.

   2) **Target Behavior.** List the setting events that decrease the likelihood of target behavior and/or increase the likelihood of alternative behavior. Describe the details of the most recent example of this.

      Given the occurrence of precursor behavior, list the setting events that decrease the likelihood that it will escalate to an actual occurrence of target behavior.

8. **Triggers**

    a. **High Likelihood Triggers**
       are those preceding environmental
       events that increase the probability
       that precursor and / or target behavior
       will immediately follow.

       1) **Precursors.** List the triggers that
          increase the likelihood of precursor
          behavior. Describe the details of the
          most recent example of this.

       2) **Target Behavior.** List the triggers
          that increase the likelihood of target
          behavior. Describe the details of the
          most recent example of this.

       3) **Escalation.** Given the occurrence
          of precursor behavior, list the triggers
          that increase the likelihood that it will
          escalate it to an actual occurrence of
          target behavior. Describe the details of
          the most recent example of this.

    b. **Low Likelihood Triggers** are those
       events that decrease the probability that
       a precursor and / or target behavior will
       immediately follow and / or will increase
       the likelihood that an alternative behavior
       will immediately follow.

       1) **Precursors.** List the triggers that
          decrease the likelihood of precursor
          behavior and / or increase the
          likelihood of alternative behavior.
          Describe the details of the most recent
          example of this.

       2) **Target Behaviors.** List the triggers
          that decrease the likelihood of target
          behavior and / or increase the
          likelihood of alternative behavior.
          Describe the details of the most recent
          example of this.

       3) **De-escalation.** Given the occurrence
          of precursor behavior, list the triggers
          that decrease the likelihood that it
          will escalate to an actual occurrence
          of target behavior and / or increase
          the likelihood of alternative behavior.
          Describe the details of the most recent
          example of this.

ANTECEDENT SUMMARY TABLE

Antecedent Summary Table: *Briefly summarize the events that result in an increase or decrease in the probability of the problem behavior.*

THAT INCREASE THE LIKELIHOOD OF *	SETTING EVENTS	TRIGGERS
PRECURSOR BEHAVIOR		
TARGET BEHAVIOR FOLLOWING PRECURSOR BEHAVIOR		
TARGET BEHAVIOR		

*These setting events and triggers can be understood to increase the likelihood of alternative behaviors to the target behavior.

ANTECEDENT SUMMARY TABLE (CONTINUED)

Antecedent Summary Table: *Briefly summarize the events that result in an increase or decrease in the probability of the problem behavior.*

THAT DECREASE THE LIKELIHOOD OF *	SETTING EVENTS	TRIGGERS
PRECURSOR BEHAVIOR		
TARGET BEHAVIOR FOLLOWING PRECURSOR BEHAVIOR		
TARGET BEHAVIOR		

*These setting events and triggers can be understood to increase the likelihood of alternative behaviors to the target behavior.

D. **Consequence Analysis.**

1. **Most Recent Episode(s).** Describe in frame-by-frame detail exactly what was done the last time this behavior occurred and, in detail, how the person responded.

   What else happened?

2. **Planned Reactions** are those that may be guided by a formal behavior support plan, plan of care, individual program plan, individual educational plan, duty of care plan or may be strategies that have been adopted and applied for each occurrence. They are not GUIDED by something or someone.

   a. What are the **planned reactions** for when the behavior occurs? Describe in detail the most recent incidents in which these occurred.

   b. Have these **planned reactions** had a noticeable effect on the rate of this behavior? If so, what has that effect been?

   c. What are the typical SITUATIONAL EFFECTS of these planned reactions?

   d. Do these planned reactions ESCALATE the situation? If so, describe in detail the most recent incidents in which this occurred.

   e. Do these planned reactions RESOLVE / IMPROVE the situation? If so, describe in detail the most recent incidents in which this occurred.

3. **Unplanned Reactions** are responses people may have to the behavior or it's precursors that may be spontaneous or habitual that are NOT guided by formal / structured program recommendations. Some examples of unplanned reactions may include ignoring, walking away, yelling, giving in, threatening, talking to, giving attention, touching, grabbing,

give what wants, move away, take things away, restrict, etc. What would happen if the behavior was ignored? What would happen if the person was grabbed? What would happen if he / she was given what he / she wanted? What would happen if others gave in? What would happen if he was yelled at? What would happen if he was given attention?

a. What are the **unplanned reactions** that sometimes occur? Describe in detail the most recent incidents in which these occurred.

b. Have these unplanned reactions had a noticeable effect on the rate of this behavior? If so, what has the effect been? What are the IMMEDIATE EFFECTS of the unplanned reactions on the behavior?

Increase? Decrease? No impact?

c. What is the situational effect of these unplanned reactions?

d. Do these unplanned reactions escalate the situation? If so, describe in detail the most recent incidents in which this occurred.

e. Do these unplanned reactions resolve the situation? If so, describe in detail the most recent incidents in which this occurred.

4. **Usual Methods.**

a. What do people (parents or staff) **usually do** when the behavior occurs? Describe in detail the most recent incidents in which this occurred.

b. What do others usually do when the behavior occurs? Describe in detail the most recent incidents in which this occurred.

5. **Past Methods / Strategies**

a. **What methods** have been used in the past to manage the behavior, and how have they worked to affect its rate of occurrence? Did the rate increase or decrease?

What was their situational effect? Did they escalate the situation? If so, describe an actual incident in which this occurred. Did they resolve the situation? If so, describe an actual incident in which this occurred.

b. **What effect** does the behavior have on others? Describe in detail the most recent incidents in which this occurred.

c. Is there anything that can INTERRUPT the behavior or DISTRACT the person, once it has begun? If so, describe the most recent example of this.

Have you ever seen a sudden, even accidental, interruption in this behavior, or distraction of the person, once it has begun? If so, describe these incidents in detail.

d. Have any formal SCHEDULES OF REINFORCEMENT been used in the past that were aimed at reducing the occurrence of this behavior? If so, what are the details of these schedules? How consistently were these procedures followed?

Are any formal schedules of reinforcement being used currently that are aimed at reducing the occurrence of this behavior? If so, what are the details of these schedules? How consistently are these procedures being followed?

e. Are any RESTRICTIVE PROCEDURES used to control this behavior when it occurs? Examples include physical management, restraint, PRN medication and the like. Include also strategies that are used to prevent the occurrence of behavior
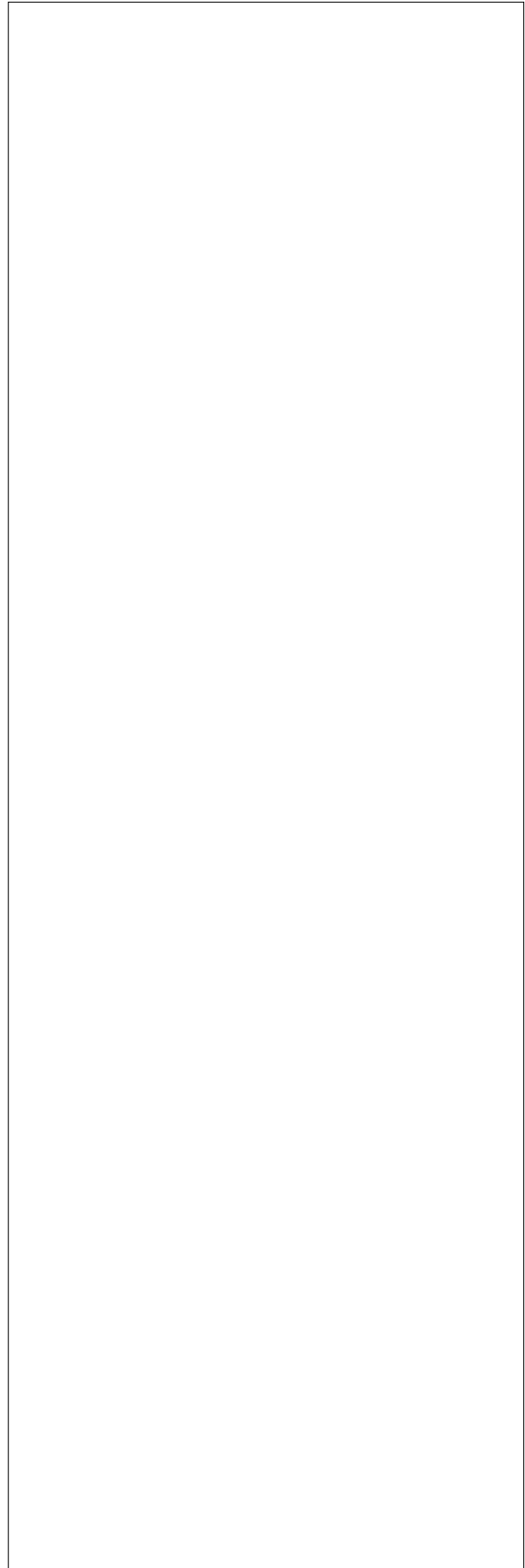
including locked appliances, special fences, bars on windows, locked cupboards / appliances, etc.

Describe a recent incident in which this occurred.

If restrictive procedures are used, how often does this occur?

What is being done as a result of "duty of care" requirements?

f.   What environmental adaptations have been used in the past or are currently in place to accommodate the behavior(s)? Gates? Locks? Fences? Special windows? Unbreakable furniture / windows? Location of living arrangement? Etc.

	PROGRAM NAME	METHOD OF IMPLEMENTATION	EVALUATION / CONCERNS
FORMAL PROGRAM REVIEW			

E. **Ecological Analysis.**

Some behavior problems occur because of conflicts between the environment and the person's needs and characteristics. Such conflicts may exist where the person lives, works, goes to school, or elsewhere. The Ecological Analysis is an attempt to identify those features of the person's various environments that may result in a conflict with the person's needs and characteristics that may help us understand why they exhibit their problem behavior.

A number of features of the environment are considered. These should be considered, along with other environmental features, when conducting this analysis.

Having gotten information earlier about the key features of the person's current living arrangement and day service settings and their health and medical status, and having identified the antecedent conditions that both increase and decrease the likelihood of the behavior and the planned and unplanned reactions that increase and decrease the likelihood of greater episodic severity, the attempt here should be to identify the ecological conflicts that may be contributing to the problem.

1. **Physical Environment.** Does it appear that there may be some aspect(s) of the physical environment that may be contributing to the problem behavior? If so, what are these? Consider the level of noise, the level of crowding, group size, the physical condition of the setting, e.g., cleanliness, smells, adequacy and appropriateness of furnishings, etc., the temperature, recent changes and any other aspect of the person's physical environments.

   Things to consider include, among others:

   • Level of noise.

   • Level of crowding.

   • Group size.

   • The physical condition, e.g., cleanliness, smells, adequacy and appropriateness of furnishings, etc.

- Temperature control.

- Recent changes in the physical environment.

2. **Interpersonal Environment.** Does it appear that there may be some aspect(s) of the interpersonal environment that may be contributing to the problem behavior? If so, what are these?
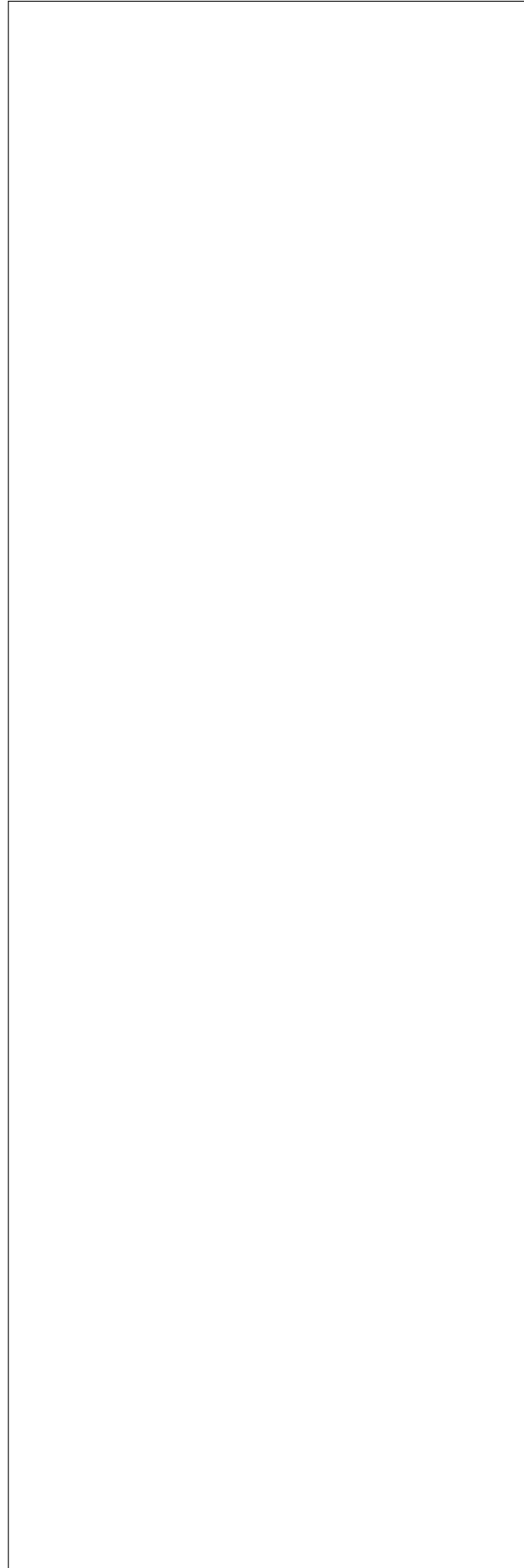
   Things to consider include, among others:

   - The person's expectations vs. the expectations of others.

   - The opportunities to interact with others as desired.

   - The density of social interaction vs. "program" required interaction.

   - The presence or absence of peers that have similar needs and characteristics.

   - The opportunity to interact with typical peers.

   - The behavior of others in the environment, including the possible effects of modeling.

   - Distribution of interactions and relative distribution of positive vs. negative interactions.

   - Recent changes.

   - Number of persons, students, adults in the living, learning, day service or other environment.

   - The tone used and the respect shown when interacting with the person.

   - Philosophy / beliefs / attitudes of staff / parents.

3. **Service Environment.** Does it appear that there may be some aspect(s) of the service environment that may be contributing to the problem behavior? If so, what are these?

   Things to consider include, among others:

   - Philosophy.

   - The goals and objectives of the setting, generally and for the person.

   - The methods used.

   - Are data collected and if so, how are they used?

   - Individual service planning.

   - Nature of the teaching materials, the activity, the type of instruction.

   - Length of task or activity, the nature of the activity just completed, the nature of the activity to follow.

   - Instructional style.

   - Opportunities to engage in functional, chronologically-age-appropriate activities.

   - Environmental constraints (e.g., # of staff, time available, # of programs).

   - Density of preferred events.

   - The degree, legitimacy and meaningfulness of the choice and control the person has.

   - Opportunities to learn something the person wants to learn.

   - Rules and regulations.

   - Staff training and supervision and quality management systems.

   - Observational and procedural reliability checks.

   - Recent changes.

- Emotional resources of staff / parents.

- Physical resources: staffing / finances.

- The lack of resources / services.

4. **Other things to consider.** Does it appear that there are other aspect(s) of the person's internal or external environments that may be contributing to the problem behavior? If so, what are these?

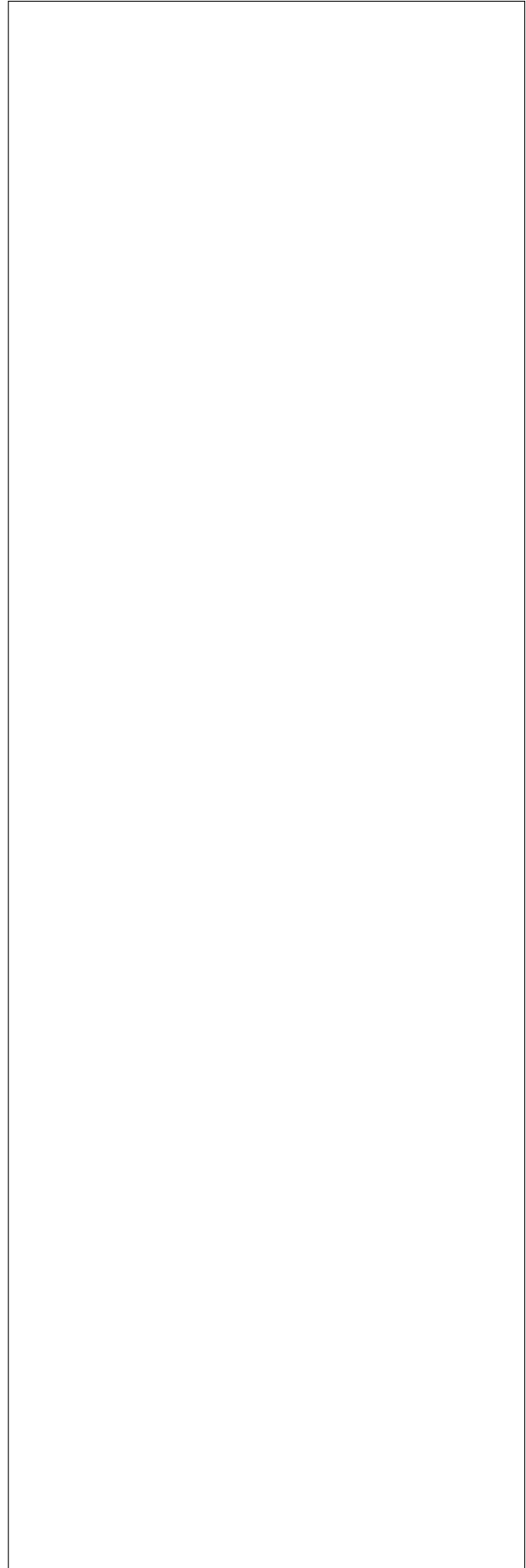   **Things to consider include, among others:**

   - The person's physiological state.

   - The person's mental health status.

   - What's missing from the person's life, e.g., family, relationships, love, intimacy, travel, autonomy, being valued, happiness, etc.

   - Untreated psychiatric status.

   - Untreated mental health issues (e.g., PTSD).

F.   Impressions and Analysis of Meaning.

Final conclusions regarding the meaning of the behavior from the person's point of view will be reached when the information that has been gathered above has been integrated into the formally written Comprehensive Functional Assessment report. Nevertheless, as the process of information gathering proceeds and as this point is reached, possible hypotheses may be suggested. These hypotheses should be listed here. They may include the person's attempt to exert some control and autonomy in the situation, their way to escape an unpleasant situation, a lack of skill, including the possible lack of coping and tolerance skills, their way of asking for something they want, etc. Hypotheses can also be listed as to what reinforcers may have maintained the behavior or that may be absent for its alternatives.

1. **Parents' / Mediators'.** Ask the parents / mediators "Why do you think he / she engages in the behavior?" Ask them to give you some reasons for drawing these conclusions and some examples.

2. Given the information you have obtained, briefly describe the potential functions and give a brief reason for drawing these conclusions.

HYPOTHESIS REGARDING MEANING / FUNCTION OF THE BEHAVIOR	REASON(S) FOR DRAWING CONCLUSION / SUPPORTING DATA

3. **Alternative / Function Achieving Skills.** In this section describe ways the person currently has in his / her repertoire to achieve the above described functions. Describe also why they are NOT occurring or why they are not being used adequately. Ask the mediators if they know of alternative ways the person can achieve the function described above.

4. Based on above analyses, list some of the support strategies that should be considered in developing a formal plan:

ECOLOGICAL STRATEGIES	FOCUSED SUPPORT STRATEGIES

POSITIVE PROGRAMMING STRATEGIES	REACTIVE STRATEGIES

FUNCTIONAL ANALYSIS OF PROBLEM BEHAVIORS

_____ -_____

A.   **Description of Problem and Operational Definition.**

   1.   **Topography.** What specifically are the separate
        behaviors that can occur that make up this class of
        behavior? Describe the PHYSICAL CHARACTERISTICS
        of the different responses that make up the class.
        What do they look like, smell like, feel like, etc.?
        Describe exactly WHAT the person has to DO to be
        said to be engaging in this behavior.

   2.   **Measurement Criteria:** The purpose of this section
        is to describe how the behavior may be measured /
        counted. The focus will be on how the behavior may
        be measured over time (i.e., Occurrence Measures)
        and how the severity of an occurrence may be
        measured (i.e., Episodic Severity).

        a.   **Occurrence Measures:**

             1)   **Event Recording – Cycle:** Looking at this
                  behavior as one that has a clearly definable
                  ONSET and OFF- SET, what would have to be
                  seen or what would have to happen to say
                  that an episode (i.e., a Cycle) of this behavior
                  has begun?

                  How much time would have to go by without
                  such behaviors to say that an episode (i.e.,
                  the Cycle) of this behavior is over, i.e., that it
                  has stopped?

             2)   **Interval Recording:** Some behaviors
                  are hard to count because, for example,
                  it is difficult to know when one event has
                  stopped and when the next once has started,
                  because it can go on for "hours," or because
                  it happens so often it is hard to keep track of
                  its frequency. In such situations, it might be
                  easier and more useful to track whether or not
                  the behavior has occurred for each specified
                  interval of time, with the interval length being
                  measured in terms of minutes, hours, days or
                  even weeks. Is this a behavior that should be
                  measure in this way? If so, why?

3) **Percent of Opportunity:** Is this a behavior that can only occur given a specific opportunity? If so, explain. Examples would be whether or not a person performs a requested activity or task when asked; carries out a preassigned chore; goes for a car ride when invited; etc.

b. **Episodic Severity Measures** (How will the severity of an event be measured? There are several dimensions along which severity can be measured, including duration, damage, impact, cost, etc.)

1) **Duration:** Is the duration, that is, how long the behavior lasts once it begins, of concern?

2) **Outcomes:** If this behavior involves self-injury or physical aggression toward others, is the degree of injury that results from the behavior of concern?

3) **Cost of Repair and Replacement:** If this behavior involves property destruction, is the cost of repair and replacement of the damaged items of concern?

4) **Other:** How else would you describe or measure the episodic severity of this behavior?

c. **Quality of Life Measures:** How does this behavior and the methods people use to control it affect the person's quality of life?

1) **Time in the Community.** Is the person's time or activities in the community restricted at all? If so, how?

2) **Restrictive Practices:**

• Physical Management: Are physical management strategies used?

• Mechanical Restraints: Are mechanical restraint strategies used?

• Chemical Restraints: Are chemical restraints used?

• Locked: Is the person ever placed behind a locked door?

• Other: Are any other restrictive methods used?

3. **Course of the Behavior.**

   a. **Precursors / Warning Signs.** Are there any warning signs, i.e., precursor behaviors, that tell you the behavior is likely to, or is about to, occur? If so, what are these?

   b. **No Warning / Sudden Onset.** Can this behavior start without any warning signs? If so, describe one example of this using an actual incident, describing in detail the moment by moment events leading up to the incident, the exact things the person did during the incident, from beginning to end, and how people around the person responded to each of these exact things.

   c. **Specific Course Examples.** Describe three examples of this behavior, using actual incidents. The first should be an example of the most typical incident; the second should be an example of a mild incident, and the third should be an example of a severe incident. For each of the three incidents, describe in detail the exact moment-by-moment (frame-by-frame) events leading up to the incident, the exact things the person did during the incident, from beginning to end, and exactly how people around the person responded to each of these exact things. Also describe in detail what the person did immediately following the end of the incident, i.e., the post-cursors, and how people responded to these behaviors.

4. **Strength of the Behavior.**

   a. **Occurrence:** When did the behavior last occur?

      1) **Event Recording-Cycle:** How Often does the behavior occur per hour / day / week / month / year? How was this rate determined? If interview estimates are used, specify the source of the estimate.

      2) **Interval recording** – How long would the recording interval need to be to say that this target behavior occurs 50% of the recorded intervals, assuming that for each specified interval during the person's waking day, the occurrence or nonoccurrence of the behavior is recorded? How was this determined? Any size interval can be considered, including interval lengths measured by minutes, hours, days or even weeks. If an interval recording strategy

is currently being used, or if an interval recording strategy was used as part of this assessment, how long was the interval and in what percentage of intervals did the behavior occur?

3) **Percent of Opportunity** – If this is a behavior that can only occur given a specific opportunity, in what percentage of those opportunities would /does this behavior currently occur? How was this determined?
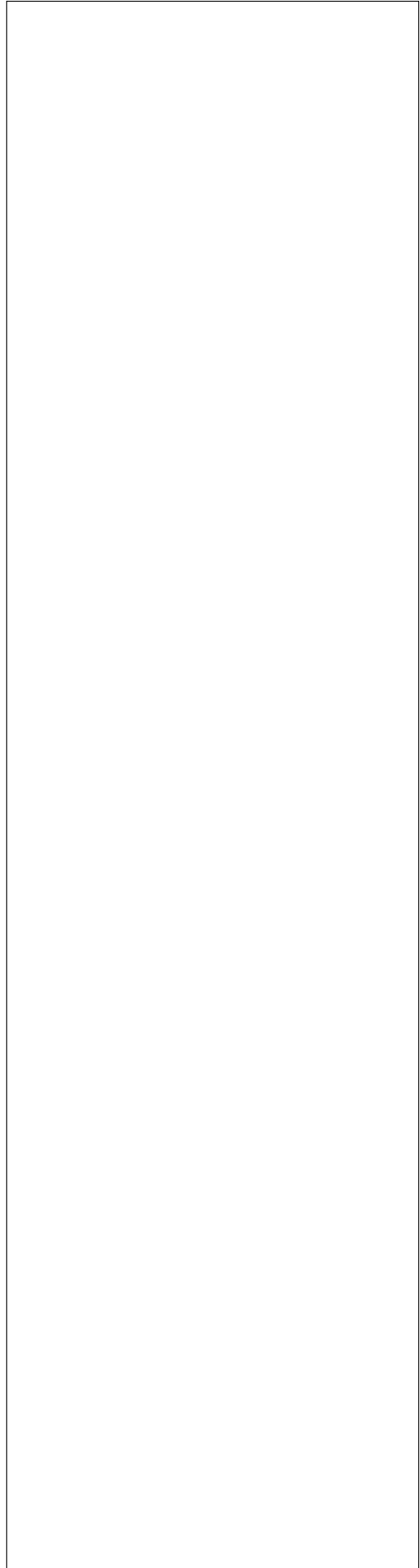
b. **Episodic Severity:**

1) **Duration:** On average, how long does this behavior last once it has started. What is the longest it will last, once it has started? What is the shortest it will last, once it has started?

2) **Outcomes:** If this behavior involves self-injury or physical aggression toward others, historically, what is the most serious outcome that has resulted from this beh- avior? Possibilities include, but are not limited to redness or bruising, the need for first aid, the need for medical attention, hospitalization, loss of work, etc. What has been the most serious outcome in the immediate past year? What is the least serious outcome of this behavior? What is the average or usual outcome of this behavior in terms of seriousness?

3) **Cost of Repair and Replacement:** If this behavior involves property destruction, historically, what has been the highest cost of repair or replacement of a single item that has resulted from this behavior? What has been the highest cost for repair or replacement of a single item resulting from this behavior in the immediate past year? What is the usual cost of repair / replacement resulting from property destruction? The least?

c. **Quality of Life Measures:**

1) **Time in the Community.** If the person's time or activities in the community are restricted at all, describe how.

2) **Restrictive Practices:**

- Physical Management: If physical management strategies used, describe, which ones and how often?

- Mechanical Restraints: If mechanical restraint strategies used, describe which ones and how often?

- Chemical Restraints: If chemical restraints used, describe which ones, what dosages and how often?

- Locked: How many hours a week, on average, is there a locked door between this person and others?

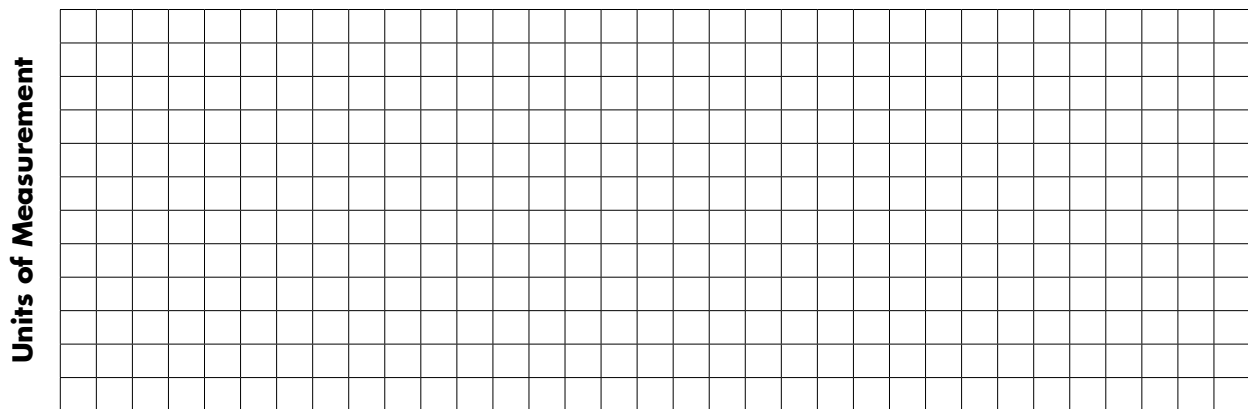- Other: Describe any other restrictive methods currently being used?

B. **History of the Problem.**

1. When did the problem first appear?

2. Describe the **ups and downs**, in both occurrence and episodic severity, of the behavior over the past several days, weeks, months, years.

3. Has the behavior **increased or decreased** in occurrence or episodic severity recently?

4. In the opinions of parents / teachers/ others, what are **major contributing** factors to the behavior, both recently and historically?

5. Have there been any **significant family events** or unique upsetting experiences that may have affected the problem?

6. Have there been any recent **medical problems** that might have influenced the problem behavior?

HISTORICAL ANALYSIS
Use this chart to summarize the long-term ups and downs of the behavior

Units of Measurement

Days / Weeks / Months / Years

C. **Antecedent Analysis.**

1. **Settings / Locations / Places**

    a. In what **settings, places and rooms** (home, school, bathroom, in the community, etc. is the behavior **MORE LIKELY** to occur? Describe in detail the most recent example of this. Why do you think this happens?

    b. In what **settings and places** is the behavior **LESS LIKELY** to occur at all? Describe in detail the most recent example of this. Why do you think this is so?

2. **Activities / Task** (What activities increase / decrease the likelihood of the occurrence of the behavior? For example, difficult vs. easy activities, long vs. short activities, preferred vs. non-preferred activities, familiar vs. unfamiliar activities, different academic subjects, different chores)

    a. During what **activities** is the behavior MORE LIKELY to occur? Describe the most recent example of this. Why do you think this is so?

    b. During what **activities** is the behavior LESS LIKELY to occur? Describe the most recent example of this.

3. **People** (In whose presence are the behaviors more / less likely to occur? For example, men vs. women, adults vs. children, staff vs. consumers? Consider such characteristics as color, ethnicity, size, confidence, forcefulness, personality, experience, etc.).
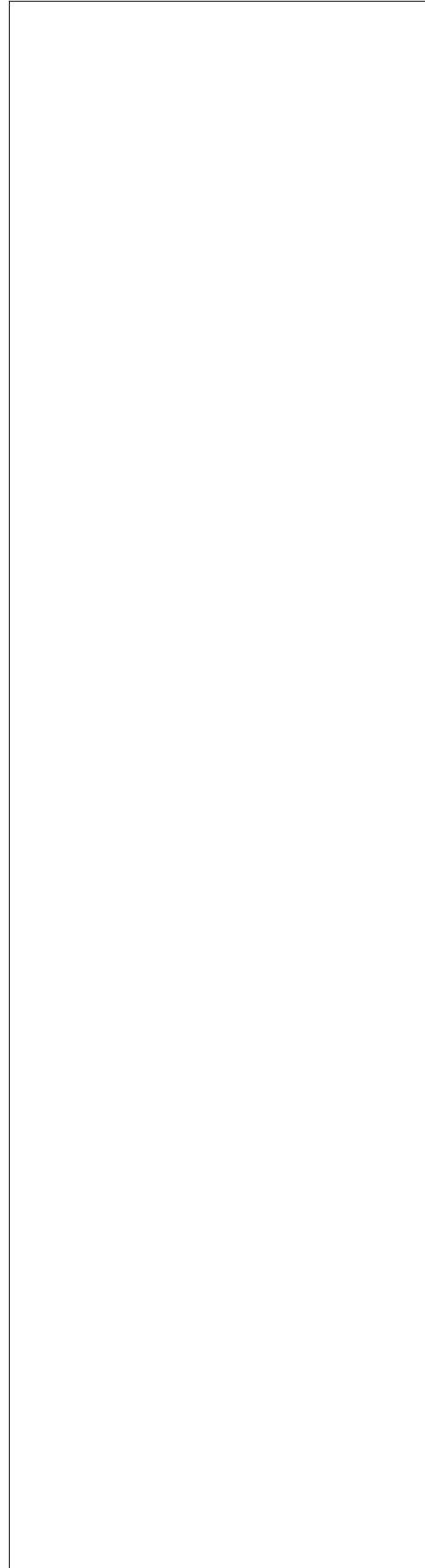
    a. With what **people** is the behavior more likely to OCCUR or become WORSE? Describe in detail the most recent example of this. Why do you think this happens?

b. With what **people** does the behavior NOT OCCUR at all, or occurs less frequently or less intensely? Describe the most recent example of this. Why do you think this is so?

4. **Time** (Behavior may occur regularly at certain times of the day, week, month or year. The purpose here is to describe the times the behaviors are MORE likely to occur or escalate, and the times that the behaviors are LESS LIKELY to occur or DON'T occur at all.

   a. During what **time of day, week, month** is the behavior more likely to occur? Describe in detail the most recent example of this. Why do you think this happens?

   b. During what **time of day, week, month** is the behavior less likely to occur? Describe the most recent example of this. Why do you think this is so?

   c. **Scatter Plot.** To assist in determining whether time of day / week / month impact the likelihood of the target behavior, a "scatter analysis" may be helpful. You can do this by plotting a graph with the hours of the day on the vertical axis and the number of incidents on the horizontal axis, indicting what number of incidents occurred during each hour of the day.

5. **Immediate Events / Actions** (What events / actions that occur before the behavior appear to SET IT OFF or STOP the behaviors or increase the likelihood that it will get worse or improve (e.g., change of activity, interruption of activity, wait for short period vs. long period, direction vs. request, direction given in stern manner vs. courteous manner, choice vs. no choice, noises, criticism, tone of voice, etc.)?

   What usually happens **right before** the behavior? What in particular seems to start or **SET OFF the behavior?** (People, things being said, noises, criticism, tone?). Describe the most recent example of this.

   a. Under what conditions does the behavior **CEASE** or become LESS FREQUENT or INTENSE?

6. **Two Million Dollar Questions:**

   a. For a million dollars if you were to be successful, how would you set it up in order to get through an entire day without a single occurrence of target behavior? Granted you may not be able to guarantee success, but what would you do to maximize the possibility of earning $1,000,000.

      What actual experience(s) have you had to give you confidence in this plan?

   b. For a million dollars if you were to be successful, how would you set it up in order to be certain that at least one incident, if not more, of the target behavior would occur during the day? Granted you may not be able to guarantee success, but what would you do to maximize the possibility of earning $1,000,000.

      What actual experience(s) have you had to give you confidence in this plan?

7. **Setting Events:** Setting Events are contextual events that may occur some time before an antecedent is presented or may occur contiguously with the antecedent that influence the relationship between a specific antecedent and the behavior. One example is "mood." A person in a "bad mood" may react very differently to criticism than the same person in a "good mood." Potential setting events are broadly evident in everyday life; some examples include, amount of sleep, illness, length of time before or since a meal, an argument with a loved one, loss of a loved one, etc.

   a. **High Likelihood Setting Events** are those events that increase the probability that an immediately preceding environmental event will trigger precursor and / or target behavior.

1) **Precursors.** List the setting events that increase the likelihood of precursor behavior. Describe the details of the most recent example of this.

2) **Target Behavior.** List the setting events that increase the likelihood of target behavior. Describe the details of the most recent example of this.

   Given the occurrence of precursor behavior, list the setting events that increase the likelihood that it will escalate to an actual occurrence of target behavior.

b. **Low Likelihood Setting Events** are those events that decrease the probability that an immediately preceding environmental event will trigger precursor and / or target behavior and / or will increase the likelihood that an immediately preceding environmental event will trigger alternative behavior.

1) **Precursors.** List the setting events that decrease the likelihood of precursor behavior and / or increase the likelihood of alternative behavior. Describe the details of the most recent example of this.

2) **Target Behavior.** List the setting events that decrease the likelihood of target behavior and/or increase the likelihood of alternative behavior. Describe the details of the most recent example of this.

   Given the occurrence of precursor behavior, list the setting events that decrease the likelihood that it will escalate to an actual occurrence of target behavior.

8. **Triggers**

   a. **High Likelihood Triggers**
      are those preceding environmental
      events that increase the probability
      that precursor and / or target behavior
      will immediately follow.

      1) **Precursors.** List the triggers that
         increase the likelihood of precursor
         behavior. Describe the details of the
         most recent example of this.

      2) **Target Behavior.** List the triggers
         that increase the likelihood of target
         behavior. Describe the details of the
         most recent example of this.

      3) **Escalation.** Given the occurrence
         of precursor behavior, list the triggers
         that increase the likelihood that it will
         escalate it to an actual occurrence of
         target behavior. Describe the details of
         the most recent example of this.

   b. **Low Likelihood Triggers** are those
      events that decrease the probability that
      a precursor and / or target behavior will
      immediately follow and / or will increase
      the likelihood that an alternative behavior
      will immediately follow.

      1) **Precursors.** List the triggers that
         decrease the likelihood of precursor
         behavior and / or increase the
         likelihood of alternative behavior.
         Describe the details of the most recent
         example of this.

      2) **Target Behaviors.** List the triggers
         that decrease the likelihood of target
         behavior and / or increase the
         likelihood of alternative behavior.
         Describe the details of the most recent
         example of this.

      3) **De-escalation.** Given the occurrence
         of precursor behavior, list the triggers
         that decrease the likelihood that it
         will escalate to an actual occurrence
         of target behavior and / or increase
         the likelihood of alternative behavior.
         Describe the details of the most recent
         example of this.

ANTECEDENT SUMMARY TABLE

Antecedent Summary Table: *Briefly summarize the events that result in an increase or decrease in the probability of the problem behavior.*

THAT INCREASE THE LIKELIHOOD OF *	SETTING EVENTS	TRIGGERS
PRECURSOR BEHAVIOR		
TARGET BEHAVIOR FOLLOWING PRECURSOR BEHAVIOR		
TARGET BEHAVIOR		

*These setting events and triggers can be understood to increase the likelihood of alternative behaviors to the target behavior.

ANTECEDENT SUMMARY TABLE (CONTINUED)

Antecedent Summary Table: *Briefly summarize the events that result in an increase or decrease in the probability of the problem behavior.*

THAT DECREASE THE LIKELIHOOD OF *	SETTING EVENTS	TRIGGERS
PRECURSOR BEHAVIOR		
TARGET BEHAVIOR FOLLOWING PRECURSOR BEHAVIOR		
TARGET BEHAVIOR		

These setting events and triggers can be understood to increase the likelihood of alternative behaviors to the target behavior.

D. **Consequence Analysis.**

1. **Most Recent Episode(s).** Describe in frame-by-frame detail exactly what was done the last time this behavior occurred and, in detail, how the person responded.

   What else happened?

2. **Planned Reactions** are those that may be guided by a formal behavior support plan, plan of care, individual program plan, individual educational plan, duty of care plan or may be strategies that have been adopted and applied for each occurrence. They are not GUIDED by something or someone.

   a. What are the **planned reactions** for when the behavior occurs? Describe in detail the most recent incidents in which these occurred.

   b. Have these **planned reactions** had a noticeable effect on the rate of this behavior? If so, what has that effect been?

   c. What are the typical SITUATIONAL EFFECTS of these planned reactions?

   d. Do these planned reactions ESCALATE the situation? If so, describe in detail the most recent incidents in which this occurred.

   e. Do these planned reactions RESOLVE / IMPROVE the situation? If so, describe in detail the most recent incidents in which this occurred.

3. **Unplanned Reactions** are responses people may have to the behavior or it's precursors that may be spontaneous or habitual that are NOT guided by formal / structured program recommendations. Some examples of unplanned reactions may include ignoring, walking away, yelling, giving in, threatening, talking to, giving attention, touching, grabbing,

give what wants, move away, take things away, restrict, etc. What would happen if the behavior was ignored? What would happen if the person was grabbed? What would happen if he / she was given what he / she wanted? What would happen if others gave in? What would happen if he was yelled at? What would happen if he was given attention?

a. What are the **unplanned reactions** that sometimes occur? Describe in detail the most recent incidents in which these occurred.

b. Have these unplanned reactions had a noticeable effect on the rate of this behavior? If so, what has the effect been? What are the IMMEDIATE EFFECTS of the unplanned reactions on the behavior?

   Increase? Decrease? No impact?

c. What is the situational effect of these unplanned reactions?

d. Do these unplanned reactions escalate the situation? If so, describe in detail the most recent incidents in which this occurred.

e. Do these unplanned reactions resolve the situation? If so, describe in detail the most recent incidents in which this occurred.

4. **Usual Methods.**

a. What do people (parents or staff) **usually do** when the behavior occurs? Describe in detail the most recent incidents in which this occurred.

b. What do others usually do when the behavior occurs? Describe in detail the most recent incidents in which this occurred.

5. **Past Methods / Strategies**

a. **What methods** have been used in the past to manage the behavior, and how have they worked to affect its rate of occurrence? Did the rate increase or decrease?

What was their situational effect? Did they escalate the situation? If so, describe an actual incident in which this occurred. Did they resolve the situation? If so, describe an actual incident in which this occurred.

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including locked appliances, special fences, bars on windows, locked cupboards / appliances, etc.

Describe a recent incident in which this occurred.

If restrictive procedures are used, how often does this occur?

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A number of features of the environment are considered. These should be considered, along with other environmental features, when conducting this analysis.

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1. **Physical Environment.** Does it appear that there may be some aspect(s) of the physical environment that may be contributing to the problem behavior? If so, what are these? Consider the level of noise, the level of crowding, group size, the physical condition of the setting, e.g., cleanliness, smells, adequacy and appropriateness of furnishings, etc., the temperature, recent changes and any other aspect of the person's physical environments.

   Things to consider include, among others:

   • Level of noise.

   • Level of crowding.

   • Group size.

   • The physical condition, e.g., cleanliness, smells, adequacy and appropriateness of furnishings, etc.

- Temperature control.

- Recent changes in the physical environment.

2. **Interpersonal Environment.** Does it appear that there may be some aspect(s) of the interpersonal environment that may be contributing to the problem behavior? If so, what are these?

   Things to consider include, among others:

   - The person's expectations vs. the expectations of others.

   - The opportunities to interact with others as desired.

   - The density of social interaction vs. "program" required interaction.

   - The presence or absence of peers that have similar needs and characteristics.

   - The opportunity to interact with typical peers.

   - The behavior of others in the environment, including the possible effects of modeling.

   - Distribution of interactions and relative distribution of positive vs. negative interactions.

   - Recent changes.

   - Number of persons, students, adults in the living, learning, day service or other environment.

   - The tone used and the respect shown when interacting with the person.

   - Philosophy / beliefs / attitudes of staff / parents.

3. **Service Environment.** Does it appear that there may be some aspect(s) of the service environment that may be contributing to the problem behavior? If so, what are these?
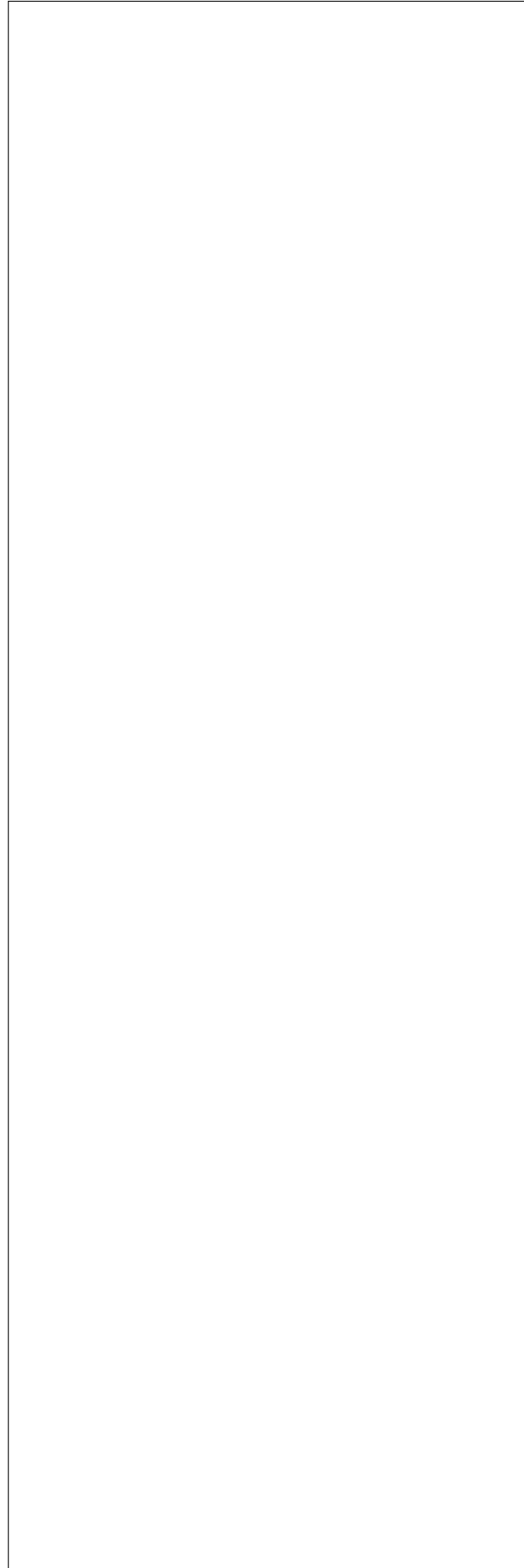
   Things to consider include, among others:

   - Philosophy.

   - The goals and objectives of the setting, generally and for the person.

   - The methods used.

   - Are data collected and if so, how are they used?

   - Individual service planning.

   - Nature of the teaching materials, the activity, the type of instruction.

   - Length of task or activity, the nature of the activity just completed, the nature of the activity to follow.

   - Instructional style.

   - Opportunities to engage in functional, chronologically-age-appropriate activities.

   - Environmental constraints (e.g., # of staff, time available, # of programs).

   - Density of preferred events.

   - The degree, legitimacy and meaningfulness of the choice and control the person has.

   - Opportunities to learn something the person wants to learn.

   - Rules and regulations.

   - Staff training and supervision and quality management systems.

   - Observational and procedural reliability checks.

   - Recent changes.

- Emotional resources of staff / parents.

- Physical resources: staffing / finances.

- The lack of resources / services.

4. **Other things to consider.** Does it appear that there are other aspect(s) of the person's internal or external environments that may be contributing to the problem behavior? If so, what are these?

    Things to consider include, among others:

    - The person's physiological state.

    - The person's mental health status.

    - What's missing from the person's life, e.g., family, relationships, love, intimacy, travel, autonomy, being valued, happiness, etc.

    - Untreated psychiatric status.

    - Untreated mental health issues (e.g., PTSD).

F.   Impressions and Analysis of Meaning.

Final conclusions regarding the meaning of the behavior from the person's point of view will be reached when the information that has been gathered above has been integrated into the formally written Comprehensive Functional Assessment report. Nevertheless, as the process of information gathering proceeds and as this point is reached, possible hypotheses may be suggested. These hypotheses should be listed here. They may include the person's attempt to exert some control and autonomy in the situation, their way to escape an unpleasant situation, a lack of skill, including the possible lack of coping and tolerance skills, their way of asking for something they want, etc. Hypotheses can also be listed as to what reinforcers may have maintained the behavior or that may be absent for its alternatives.

1. **Parents' / Mediators'.** Ask the parents / mediators "Why do you think he / she engages in the behavior?" Ask them to give you some reasons for drawing these conclusions and some examples.

2. Given the information you have obtained, briefly describe the potential functions and give a brief reason for drawing these conclusions.

HYPOTHESIS REGARDING MEANING / FUNCTION OF THE BEHAVIOR	REASON(S) FOR DRAWING CONCLUSION / SUPPORTING DATA

3. **Alternative / Function Achieving Skills.** In this section describe ways the person currently has in his / her repertoire to achieve the above described functions. Describe also why they are NOT occurring or why they are not being used adequately. Ask the mediators if they know of alternative ways the person can achieve the function described above.

4. Based on above analyses, list some of the support strategies that should be considered in developing a formal plan:

ECOLOGICAL STRATEGIES	FOCUSED SUPPORT STRATEGIES
POSITIVE PROGRAMMING STRATEGIES	REACTIVE STRATEGIES

REINFORCEMENT INVENTORIES
FOR CHILDREN AND ADULTS

Instructions: The items in this questionnaire refer to things and experiences that may give a person joy, satisfaction, or pleasurable feelings. Check each item in the column that describes how much the person enjoys the things described.

REINFORCEMENT INVENTORY FOR CHILDREN

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	A. FOOD ITEMS					
	1. Candy					
	What kind?					
	a.					
	b.					
	c.					
	2. Ice cream					
	What kind?					
	a.					
	b.					
	3. Nuts					
	4. Potato chips					
	5. Cake					
	6. Cookies					
	7. Beverages					
	What kind?					
	a.					
	b.					
	8. Other foods					
	a.					
	b.					
	c.					
	d.					
	B. TOYS AND PLAYTHINGS					
	1. Racing cars					
	2. Electric trains					
	3. Bicycle					
	4. Skate board					
	5. Playing with dolls					
	6. Makeup and dress-up toys					
	7. Erector set					
	8. Other toys					
	a.					
	b.					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	C. ENTERTAINMENT					
	1. Watching television					
	Favorite programs?					
	a.					
	b.					
	2. Movies					
	3. Listening to music					
	Favorite program / artists?					
	a.					
	b.					
	D. SPORTS AND GAMES					
	1. Playing football with kids					
	2. Playing football with parents					
	3. Swimming					
	4. Bike riding					
	5. Skating					
	6. Skiing					
	7. Horseback riding					
	8. Tennis					
	9. Hiking					
	10. Checkers					
	11. Chess					
	12. Fishing					
	13. Baseball					
	14. Ping-pong					
	15. Scrabble					
	16. Monopoly					
	17. Painting by numbers					
	18. Computer games					
	19. Video games					
	20. Clue					
	21. Competitive games					
	22. Other					
	a.					
	b.					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	E. MUSIC / ARTS / CRAFTS					
	1. Playing a musical instrument					
	Type?					
	2. Singing					
	3. Dancing					
	4. Drawing					
	5. Building models					
	6. Working with tools					
	7. Working with clay					
	8. Musical group					
	9. Other					
	a.					
	b.					
	F. EXCURSIONS / COMMUNITY					
	1. Ride in Car					
	2. Going to work with mother or father					
	3. Visiting grandparents or relatives					
	4. Visit to beach					
	5. Picnic					
	6. Vacation					
	Where?					
	7. Airplane ride					
	8. Going out to dinner					
	9. Visit a friend					
	Who?					
	10. Visit a city					
	Where?					
	11. Visit a museum					
	12. Going to store					
	Name?					
	13. Going for walk					
	14. Going to library					
	15. Visit amusement park					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	F. EXCURSIONS / COMMUNITY (CONTINUED)					
	16. Other?					
	a.					
	b.					
	G. SOCIAL / INTERACTION					
	1. Playing with others					
	Whom?					
	2. Being praised					
	By whom?					
	a. by father					
	b. by mother					
	c. by teacher					
	d. by friends					
	3. Being hugged and kissed					
	4. Being touched					
	5. Group activities					
	(Girl / Boy Scouts, clubs)					
	6. Going to friends					
	Whom?					
	7. Having friends sleep over					
	8. Sleeping at friends house					
	Whose?					
	9. Talking with others					
	10. Kidding and joking					
	11. Party for friends					
	12. Taking friend out					
	13. Happy faces, smiles					
	14. Other?					
	H. ACADEMIC / CLASSROOM					
	1. Learning a new language					
	2. Taking piano lessons					
	3. Reading					
	4. Being read to					
	5. Looking at books					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	H. ACADEMIC / CLASSROOM (CONTINUED)					
	6. Spelling					
	7. Science					
	8. Social Studies					
	9. Physical Education					
	10. Math					
	11. Going to school					
	12. Riding bus to school					
	13. Doing homework					
	14. Helping teacher					
	15. Helping others					
	16. Cafeteria helper					
	17. Room proctor / leader					
	18. Line monitor					
	19. Extra recess, free time					
	20. Leave class or school early					
	21. Visit activity center or corner					
	22. Listen to records					
	23. Read book of choice					
	24. Write notes					
	25. Hall monitor					
	26. Individual conference or counseling					
	27. Get a drink					
	28. Tutor another student					
	29. Arrange bulletin board					
	30. Other					
	a.					
	b.					
	I. DOMESTIC ACTIVITIES					
	1. Setting the table					
	2. Making the bed					
	3. Baking					
	4. Repairing or building					
	5. Working in the yard					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	I. DOMESTIC ACTIVITIES (CONTINUED)					
	6. Going on errands					
	7. Cooking					
	8. Washing or working on the car					
	9. Sewing					
	10. Shopping					
	11. Preparing a menu					
	12. Running errands					
	13. Exemption from a domestic activity					
	J. PERSONAL APPEARANCE					
	1. Getting new clothes					
	2. Putting on makeup					
	3. Purchasing makeup					
	4. Wearing special clothes					
	5. Dressing in a costume					
	6. Wearing others' clothing					
	7. Getting a haircut					
	8. Going to beauty parlor					
	9. Manicure					
	10. Pedicure					
	11. Massage					
	12. Wearing perfume or cologne					
	13. Wearing jewelry					
	14. Purchasing jewelry					
	15. Having picture taken					
	16. Other:					
	a.					
	b.					
	c.					
	d.					
	K. OTHER EVENTS AND ACTIVITIES					
	1. Staying up past bedtime					
	2. Earning money					
	3. Having free time					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	K. OTHER EVENTS AND ACTIVITIES (CONTINUED)					
	4. Having a pet					
	5. Having or going to a party					
	6. Taking a bath or shower					
	7. Sleeping with parents					
	8. Feeding the pet					
	9. Listening to stories					
	10. Friend to eat over					
	11. Talking into a tape recorder					
	12. Decorating own room					
	13. Extended bedtime					
	14. Plan the days activities					
	15. Public display of work or progress					
	16. Choosing own bedtime					
	17. Sleeping late					
	18. Chairperson at meeting					
	19. Subscription to a special magazine					
	20. No nagging by others					
	21. Attention given in a group					
	22. Period with no monitoring					
	23. Opportunity to masturbate					
	24. Opportunity to leave work early					
	25. Opportunity to select a job					
	26. Work in a special setting (office)					
	27. Other:					
	a.					
	b.					
	c.					
	d.					
	e.					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	L. TOKEN REINFORCERS					
	1. Stars on a chart					
	2. Happy / smiling faces					
	3. Special badges					
	4. Grades					
	5. Certificates					
	6. Name on honor roll					
	7. Accumulation of marbles or chips					
	8. Signatures					
	9. "Correct" marked on a page					
	10. Points					
	11. Numbers					
	12. Money					
	13. Play money					
	14. Theater tickets					
	15. Numbers in check book register					
	16. Gift certificate					
	17. Other:					
	a.					
	b.					
	M. OTHER					

List below those events or activities the person does more than:

5 TIMES A DAY?	10 TIMES A DAY?
15 TIMES A DAY?	**20 TIMES A DAY?**

How much time does the person spend in the following activities (e.g., hours, minutes)?

Watching television?	Sleeping?
Listening to music?	Along?
Playing with others?	Reading?
Playing with toys?	Playing alone?
Talking on the telephone?	Organized sports?
Sitting around?	Eating?
Random activity?	

What is the person's most favorite thing to do? _____

What is the person's least favorite thing to do? _____

What does the person ask for most often? _____

What does the person complain about most?_____

What does the person seem to try to avoid the most?_____

REINFORCEMENT INVENTORY FOR ADULTS

Our appreciation to Linda Fuller

for her contribution in

developing this inventory, 1985.

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	ENTERTAINMENT					
	1. Watching television					
	Favorite programs?					
	a.					
	b.					
	c.					
	2. Playing home video games					
	Which Ones?					
	a.					
	b.					
	3. Playing community video games					
	4. Computers					
	5. Movies					
	6. Dancing					
	7. Listening to music					
	Cassette tapes					
	Compact discs					
	8. Singing					
	9. Playing musical instruments					
	10. Drawing					
	11. Painting					
	12. Sculpting / pottery					
	13. Latch hook					
	14. Sewing					
	16. Working with tools					
	17. Other:					
	HOBBIES					
	18. Photograph					
	19. Typing					
	20. Collecting items:					
	Specify:					
	a.					
	b.					
	c.					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	HOBBIES (CONTINUED)					
	21. Building models					
	22. Plants / gardening					
	23. Other:					
	FOOD					
	24. Fruit					
	What kind?					
	a.					
	b.					
	c.					
	25. Nuts					
	What kind?					
	a.					
	b.					
	c.					
	26. Cookies					
	What kind?					
	a.					
	b.					
	c.					
	27. Ice cream					
	What kind?					
	a.					
	b.					
	c.					
	28. Chips					
	What kind?					
	a.					
	b.					
	c.					
	29. Snack bars					
	What kind?					
	a.					
	b.					
	c.					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
FOOD (CONTINUED)						
	30. Hot Dogs					
	31. Hamburgers					
	32. Tacos					
	33. Pizza					
	34. Popcorn					
	35. Pretzels					
	36. Bagels					
	37. Granola					
	38. Other:					
	a.					
	b.					
	c.					
BEVERAGES						
	39. Fruit juice					
	What kind?					
	a.					
	b.					
	c.					
	40. Sparkling water					
	What kind?					
	a.					
	b.					
	c.					
	41. Sodas					
	What kind?					
	a.					
	b.					
	c.					
	42. V-8 Juice					
	43. Coffee					
	44. Decaffeinated coffee					
	45. Hot tea					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	BEVERAGES (CONTINUED)					
	46. Hot herbal tea					
	What kind?					
	a.					
	b.					
	c.					
	47. Milk					
	48. Chocolate Milk					
	49. Beer					
	50. Wine					
	51. Mixed drinks					
	52. Lemonade					
	53. Punch					
	SPORTS					
	54. Aerobics					
	55. Jogging					
	56. Roller skating					
	57. Swimming					
	58. Soccer					
	59. Running					
	60. Football					
	61. Baseball					
	62. Frisbee					
	63. Windsurfing					
	64. Skateboarding					
	65. Bowling					
	66. Golf					
	67. Miniature golf					
	68. Pool					
	69. Boating					
	70. Water skiing					
	71. Snow skiing					
	72. Tennis					
	73. Bodybuilding					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	SPORTS (CONTINUED)					
	74. Weight lifting					
	75. Exercise bike					
	76. Racquetball					
	77. Climbing					
	EXCURSIONS					
	78. Spectator sports					
	a. Car racing					
	b. Olympics					
	c. Baseball					
	d. Basketball					
	e. Horse racing					
	f. Wrestling					
	g. Hockey					
	79. Car rides					
	80. Shopping					
	81. Out to dinner					
	82. Health club					
	83. Amusement parks					
	84. Going camping					
	85. Vacations					
	86. Visiting beach					
	87. Visiting mountains					
	SOCIAL					
	88. Talking with others					
	89. Having other listen					
	90. Being praised					
	91. Being touched					
	92. Being hugged					
	93. Visiting friends					
	94. Group activities					
	95. Activity with one other					

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS		NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
	MISCELLANEOUS					
	96. Looking at magazines					
	97. Looking at books					
	What kind?					
	a.					
	b.					
	c.					
	98. Work jigsaw puzzles					
	HELPING AROUND THE HOUSE					
	99. Setting the table					
	100. Making bed					
	101. Vacuuming					
	102. Washing dishes					
	103. Dusting					
	104. Going on errands					
	105. Yard work					
	106. Cooking					
	PERSONAL APPEARANCE					
	107. Getting new clothes					
	108. Putting on makeup					
	109. Going to beauty parlor					
	110. Getting new clothes					
	111. Other					
	a.					
	b.					
	c.					
	OTHER EVENTS AND ACTIVITIES					
	112.					
	113.					
	114.					
	115.					

How much time does the person spend in the following activities (e.g., hours, minutes)?

ACTIVITIES		HOURS	MINUTES
	Watching television		
	Listening to music		
	Interacting with others		
	Alone		
	Reading		
	Organized sports		
	Working		
	Sleeping		

List below those events that the person does or requests more than:

5 times a day? _____

_____

10 times a day? _____

_____

15 times a day? _____

_____

20 times a day? _____

_____

What is the person's most favorite thing to do? _____

_____

What is the person's least favorite thing to do? _____

_____

What does the person ask for most often? _____

_____

What does the person complain about most?_____

_____

What does the person seem to try to avoid the most?_____

_____

APPENDIX I

COMPREHENSIVE FUNCTIONAL ASSESSMENT REPORT
AND RECOMMENDED SUPPORT PLAN EVALUATION INSTRUMENT

COMPREHENSIVE FUNCTIONAL ASSESSMENT EVALUATION SHEET

THOMAS J. WILLIS, PH.D., AND GARY W. LAVIGNA, PH.D.

Focus person's Name _____ Protocol Number _____

Scorer's Name_____ Total Percent Score _____

	COMMENTS

I. General Format
    A. Format
 	
_____ Title (1)
 	
_____ Headings (2)
 	
_____ Date of Report (3)
 	
_____ Referral Date (4)
 	
_____ Author's Name and Title (5)
 	
    B. Identifying Information
 	
_____ Person's Name (1)
 	
_____ Date of Birth (2)
 	
_____ Present Address (3)
 	
_____ Referral Agency or Person (4)
 	
II. Reason(s) for Referral
 	
_____ Source of the Referral (agency and/or person) (1)
 	
_____ Referral Behaviors (2)
 	
_____ Key Social Agents Reasons for Referral and Possible Discrepancies (3)
 	
III. Description of Assessment Activities
 	
_____ Interviews (1)
 	
_____ Direct Observations (2)
 	
_____ Records Review (3)
 	
_____ Other (4)	

	COMMENTS

IV. Background Information
  A. Focus person Description
 	
_____ Age (1)
 	
_____ Sex (2)
 	
_____ Diagnosis (3)
 	
_____ Appearance (4)
 	
_____ Physical Disabilities (5)
 	
_____ Cognitive Abilities (6)
 	
_____ Expressive Language (7)
 	
_____ Receptive Language (8)
 	
_____ Self-Help Skills (9)
 	
_____ Domestic Skills (10)
 	
_____ Leisure Skills (11)
 	
_____ Community Skills (12)
 	
_____ Social Skills (13)
 	
  B. Living Arrangement and Family History
 	
_____ Location (1)
 	
_____ Name and Relationship (2)
 	
_____ Residence Type (3)
 	
_____ Residence Description (4)
 	
_____ Staffing (5)
 	
_____ Supervision/Consultation (6)
 	
_____ Residential History (7)
 	
_____ Family Contacts (8)
 	
_____ Family Relationship - History (9)	

	COMMENTS
B. Living Arrangement and Family History (continued)	
_____ Family Relationship - Current (10)	
C. Daytime Services Received and Day Service History	
_____ General Statement (1)	
_____ Name and Location (2)	
_____ Day Service Description and Evaluation (3)	
_____ Staffing (4)	
_____ Supervision and Consultation (5)	
_____ Day Service History (6)	
D. Health, Medical, and Psychiatric Status	
_____ General Health (1)	
_____ Open Medical Issues (2)	
_____ Vision (3)	
_____ Hearing (4)	
_____ Seizure Activity (Yes / No) (5)	
_____ Type (6)	
_____ Frequency (7)	
_____ Most Recent (8)	
_____ Medication (Yes / No) (9)	
_____ Type (10)	
_____ Dosage (11)	
_____ Schedule (12)	
_____ Purpose (13)	
_____ History of Medication (14)	
_____ Psychiatric Evaluation (Yes / No) (15)	
E. Previous or Current Treatment	
_____ General Statement (1)	
_____ Description of Treatment(s) (2)	
_____ Specific Reason for Providing Treatment(s) (3)	
_____ Outcomes of Treatment(s) (4)	

	COMMENTS

V. Functional Analysis
 	
A. Behavior 1 _____
 	
       1. Description of the Problem Behavior
 	
      _____ Topography (1)
 	
      _____ Occurence Measure (2)
 	
      _____ Episodic Severity Measure(s) (3)
 	
      _____ Quality of Life Impact Measure(s) (4)
 	
      _____ Course / Precursors (5)
 	
      _____ Strength (6,7,8)
 	
      _____ Occurence (6)
 	
      _____ Episodic Severity (7)
 	
      _____ Quality of life Impact (8)
 	
       2. History of the Problem
 	
      _____ Onset (1)
 	
      _____ Duration (2)
 	
      _____ Recent Changes (3)
 	
       3. Antecedent Analysis
 	
      Setting Events
 	
      _____ High Likelihood (1)
 	
      _____ Low Likelihood (2)
 	
      Trigger Events
 	
      _____ Location (3)
 	
      _____ Person (4)	

	COMMENTS
_____ Time (5)	
_____ Activities / Events (6)	
Specific Incident Examples	
_____ High Likelihood (7)	
_____ Low Likelihood (8)	
4. Consequence Analysis	
_____ Non-Planed Reactions (1)	
_____ Impact of Non-Planned Reactions (2)	
_____ Formal Management Methods (3)	
_____ Effects of Management Methods (4)	
_____ Maintaining Events (5)	
5. Ecological Analysis	
_____ Physical Environment (1)	
_____ Programmatic Characteristics (2)	
_____ Interpersonal Factors (3)	
_____ Other Factors (4)	
6. Impressions and Analysis of Meaning	
_____ Hypotheses Presented (1)	
_____ Explicit Reference to Background Information and Functional Analysis (2)	
_____ No New Information Presented (3)	
_____ Hypothesis Presented From Person's Perspective (4)	
_____ Give Reiterated Examples (5)	

	COMMENTS
B. Behavior 2 _____	
1. Description of the Problem Behavior	
_____ Topography (1)	
_____ Occurence Measure (2)	
_____ Episodic Severity Measure(s) (3)	
_____ Quality of Life Impact Measure(s) (4)	
_____ Course / Precursors (5)	
_____ Strength (6,7,8)	
_____ Occurence (6)	
_____ Episodic Severity (7)	
_____ Quality of life Impact (8)	
2. History of the Problem	
_____ Onset (1)	
_____ Duration (2)	
_____ Recent Changes (3)	
3. Antecedent Analysis	
Setting Events	
_____ High Likelihood (1)	
_____ Low Likelihood (2)	
Trigger Events	
_____ Location (3)	
_____ Person (4)	
_____ Time (5)	
_____ Activities / Events (6)	

	COMMENTS
Specific Incident Examples	
_____ High Likelihood (7)	
_____ Low Likelihood (8)	
4. Consequence Analysis	
_____ Non-Planned Reactions (1)	
_____ Impact of Non-Planned Reactions (2)	
_____ Formal Management Methods (3)	
_____ Effects of Management Methods (4)	
_____ Maintaining Events (5)	
5. Ecological Analysis	
_____ Physical Environment (1)	
_____ Programmatic Characteristics (2)	
_____ Interpersonal Factors (3)	
_____ Other Factors (4)	
6. Impressions and Analysis of Meaning	
_____ Hypotheses Presented (1)	
_____ Explicit Reference to Background Information and Functional Analysis (2)	
_____ No New Information Presented (3)	
_____ Hypothesis Presented From Person's Perspective (4)	
_____ Give Reiterated Examples (5)	

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_____ List Potential Reinforcers (2)	
_____ Prioritize Potential Reinforcers (3)	
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	COMMENTS
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COMPREHENSIVE FUNCTIONAL ASSESSMENT REPORT AND RECOMMENDED SUPPORT PLAN

EVALUATION INSTRUMENT

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Institute for Applied Behavior Analysis (IABA) © 2011

I.   General Format

A.   Format

_____ Title (1)

_____ Headings (2)

_____ Date of Report (3)

_____ Referral Date (4)

_____ Author's Name and Title (5)

Scoring Criteria. (1) The report should be properly titled atop of the first page. It should at a minimum contain the words "Comprehensive Functional Assessment Report." (2) A "+" should be given if all of the following sections are headed properly (1B, II, III, IV, V, VI, VII, VIII, IX). (3,4) On the first page, the report should include date of report (i.e., date final typed). (5) The end of report should indicate the author's name, title and affiliation.

B.   Identifying Information

_____ Person's Name (1)

_____ Date of Birth (2)

_____ Present Address (3)

_____ Referral Agency or Person (4)

Scoring Criteria. This section should include the person's name, date of birth and present address. The referral source should provide the name of the agency, and if there is a caseworker or counselor, this person's name should be provided.

II.   Reason(s) for Referral

_____ Source of the Referral (agency and / or person) (1)

_____ Referral Behaviors (2)

_____ Key Social Agent's Reasons for Referral and Possible Discrepancies (3)

Scoring Criteria. (1) Make a brief statement identifying the agency and / or person making the referral. (2) The specific behaviors or reasons precipitating the referral should be described. (3) Make a brief statement regarding the key social agent's reasons for requesting services. If the referral was made by an agency separate from the key social agent, some determination should be made concerning the agreement between them as to the reasons for the referral. If there are any discrepancies, they should be presented here.

III.   Description of Assessment Activities

_____ Interviews (1)

_____ Direct Observations (2)

_____ Records Reviews (3)

_____ Other (4)

Scoring Criteria. (1) This section should list the settings in which interviews were carried out (e.g., home, school, workshop), the individuals who were interviewed and the dates of those interviews. Time spent interviewing also may be reported, but is optional. (2) The dates and set times in which direct observations were carried out should be indicated. Time spent in direct observation also may be reported, but is optional. (3) The various records reviewed and the sources of those records should be indicated (e.g., case file from group home, IEP from school, etc.). Time spent reviewing records also may be reported, but is optional. (4) Other assessment activities such as interactions with the focus person, probes, etc. should be indicated and should include dates, times, and settings in which those activities occurred. If no other assessment activities are indicated, mark this area n/a.

IV.   Background Information

A.   Focus person Description

_____ Age (1)

_____ Sex (2)

_____ Diagnosis (3)

_____ Appearance (4)

_____ Physical Disabilities (5)

_____ Cognitive Abilities (6)

_____ Expressive Language (7)

_____ Receptive Language (8)

_____ Self-Help Skills (9)

_____ Domestic Skills (10)

_____ Leisure Skills (11)

_____ Community Skills (12)

_____ Social Skills (13)

Scoring Criteria. In this section, the presenting characteristics of the person should be described. (1,2,3) The person's age, sex, and diagnoses should be presented. (4) A description of the person's physical characteristics and general appearance should be given. At a minimum, the person's height and weight should be presented. (5) A statement that describes the person's physical limitations, such as ambulatory abilities, the ability to use hands and arms, the presence or absence of any physical disabilities, and ability to engage in physical actions should be made. If no physical limitations exist, a statement should be made indicating this. (6) A statement relevant to the person's cognitive functioning ability should be made. The formal level of functioning and the source of the diagnosis should be provided. Any relevant formal testing results should be described. A brief statement should be made regarding the person's ability to read, write, manipulate numbers, etc. There should be a statement of what the person is unable to do. (7) The person's ability to communicate via verbalizations, sign language, pictures and / or gestures should be made. A general sense of his / her ability to make needs known should be provided. Describe how the person uses behavior to communicate needs. (8) The person's ability to comprehend language should be described. This should include a description of the person's ability to understand simple to complex requests, and conversation. (9-13) A brief statement should be made regarding the person's level of independence in the following areas: self-help skills, domestic abilities, leisure time skills, and community skills and social skills. Describe in concrete terms not only what the person is able to do, but also what the person is unable to do in each of these areas.

B. Living Arrangement and Family History

_____ Location (1)

_____ Name and Relationship (2)

_____ Residence Type (3)

_____ Residence Description (4)

_____ Staffing (5)

_____ Supervision/Consultation (6)

_____ Residential History (7)

_____ Family Contacts (8)

_____ Family Relationship – History (9)

_____ Family Relationship – Current (10)

Scoring Criteria. (1) Describe the general area in which the person's residence is located. For example, is the home in a suburban neighborhood, is it in an urban city or a rural environment, is it a large facility or a small licensed facility, does it provide opportunity for independent community access, etc.? (2) The names of the person(s) living with the consumer should also be presented (if appropriate given issues of confidentiality), as well as their relationships. If the person does not live in his/her natural home, then the name of the care-provider should be given along with the person's title or function (e.g., foster parent). (3) The type of residence should be given (e.g., board and care vs. Level 4 vs. independent living apartment).

(4) A brief description of the ecology of the residence should be included, to include the number of other people, size, cleanliness, crowding, number of other residents, characteristics of residents, schedule of activities, services provided, etc. (5) A brief description of the staffing ratio of the home as well as the characteristics of the staff (e.g., male/female, training, experience, interactional styles, attitudes, expectations, etc.) should be presented. (6) There should be a brief statement regarding the supervision and/ or level of consultation provided to staff. (7) There should be a brief description of the person's history of placements outside of the home, including hospitals, group homes, etc., and the possible implications of this history. There should be some description of the reasons for placement as well as for discharge from each residence or placement. This may be done in a summary statement for all if it is appropriate. (8) If the focus person does not live at home, contact with any (other) family members should be noted. (9) A brief history of family contacts and relationships should also be presented. If there are any major issues preventing family contacts, they should be presented here. (10) If there are current contacts with the family, describe the nature of these relationships (e.g., pleasant, strained, etc.).

    C.   Daytime Services Received and Day Service History

_____ General Statement (1)

_____ Name and Location (2)

_____ Day Service Description and Evaluation (3)

_____ Staffing (4)

_____ Supervision/Consultation (5)

_____ Day Service History (6)

Scoring Criteria. (1) In this section, there should be a general statement as to whether the person receives services during the day outside of his or her living arrangement (e.g., school, sheltered workshop, supported employment, recreation / leisure program), and if not, why? If the person receives no other services outside the living arrangement, a description of what the person does during the day should be provided here and items 2-5 should be marked n/a. (2) The full name of the service(s) should be provided (e.g., not just "a workshop" but rather "ABC Industries of the Mountains" and the general location of where services are provided should be presented, e.g., community-based vs. facility-based; segregated vs. mainstreamed classroom. (3) There should be a description of the service(s) that includes the purpose of the service(s) being provided, the characteristics of the service (physical settings, interpersonal, programmatic) and the types of activities the person engages in during the day (e.g., types of educational programming, type of work, type of general activities, the degree of choice and control allowed, etc.). There also should be a brief statement describing the person's success or lack of success in the service(s) and the adequacy of the service(s) in meeting the person's needs, i.e., the appropriateness of the match with the person's needs and characteristics. (4) A brief description of the staffing ratio of the day service as well as the characteristics of the staff (e.g., male / female, training, experience, interactional styles, attitudes, expectations, etc.) should be presented. (5) There should be a brief statement regarding the supervision and /or level of consultation provided to staff. (6) There should be a brief description of the person's history of day service placements and the possible implications of this history. There should be some description of the reasons for placement as well as for discharge from each placement. This may be done in a summary statement for all if it is appropriate.

    D.   Health, Medical, and Psychiatric Status

_____ General Health (1)

_____ Open Medical Issues (2)

_____ Vision (3)

_____ Hearing (4)

_____ Seizure Activity (Yes / No) (5)

_____ Type (6)

_____ Frequency (7)

_____ Most Recent (8)

_____ Medication (Yes / No) (9)

_____ Type (10)

_____ Dosage (11)

_____ Schedule (12)

_____ Purpose (13)

_____ History of Medication (14)

_____ Psychiatric Evaluation (Yes / No) (15)

Scoring Criteria. (1) There should be a brief description regarding the person's general health (e.g., excellent, good, poor). If the person is in poor health, a statement as to the problems should be made and the treatment described. (2) Any open medical issues for which the person is being treated should be described here (e.g., heart disease, diabetes, thyroid deficiency, cholesterol, dermatitis, etc.). (3, 4) There should be a brief statement regarding the person's visual and hearing abilities. If there are no difficulties, a statement should be made. (5) There should be a statement describing whether the person does or does not have a history or is currently having seizures (6,7,8) If the person is experiencing seizure activity, then the type of seizure should be described, the frequency the person is having the seizures, and the most recent occurrence of a seizure. If seizures are not present or if no mention of seizures is made in the report, then these areas should be marked n/a. (9) A statement should be made describing whether or not the person is taking prescribed medications. (10,11,12,13) If the person is receiving medication, then the type(s), dosage(s), and schedule(s) of delivery should be presented. The purpose of each medication (e.g., behavior control, seizures, enuresis, hypertension) should be described. If the medication is being taken for behavior, its effects should be described briefly. If no mention of a current medication regime is made in the report, these areas should be marked n/a. (14) There should be a brief statement regarding the person's history of medication, including a general summary of medications, and their effects on the target behavior. (15) There should be a statement as to whether a formal psychiatric evaluation has been carried out, and if so, what it said, and the implications of these findings and if the person is receiving psychiatric services currently. If no psychiatric evaluation has been carried out, a statement should be made.

E.   Previous or Current Treatments

_____ General Statement (1)

_____ Description of Treatment(s) (2)

_____ Specific Reason for Providing Treatment(s) (3)

_____ Outcomes of Treatment(s) (4)

Scoring Criteria. (1) There should be a general statement describing whether or not the person has received treatment for the targeted behavior problems or other related issues. The treatments might include behavioral, pharmacological, psychological, counseling, holistic medicine, etc. (2) If treatments have or are being provided, the purpose of the treatment and a description of the methods used should be presented (e.g., type of behavioral strategies used, medications prescribed, type of counseling received, etc.). (3) The reason for the treatment at the time it was received should be provided (e.g., it was a promising new treatment, the severity of the behavior intensified, etc.). (4) The effects of all previous and/or current treatments should be described or a statement should be made noting that effects were unknown. If no treatment was or is being provided to address the problem behavior or other related issues, items 2-4 should be marked n/a.

V.   Functional Analysis

A.   Behavior 1 _____

1.   Description of the Problem Behavior

_____ Topography (1)

_____ Occurrence Measure (2)

_____ Episodic Severity Measure(s) (3)

_____ Quality of Life Impact Measure(s) (4)

_____ Course / Precursors (5)

_____ Strength (6,7,8)

_____ Occurrence (6)

_____ Episodic Severity (7)

_____ Quality of life Impact (8)

Scoring Criteria. (1) Topography. The physical characteristics (e.g., what it looks like and sounds like) of the actual target behavior should be described (not its precursors or other associated behaviors which would be more fully described in the Course section below). (2) Cycle (Onset / Offset). The onset and offset or other criteria should be stated for counting the occurrence of the target behavior (e.g., First occurrence of the topography may be an onset criteria and having the topography absent for five minutes may be the offset). An event may also be scored in terms of its occurrence given an opportunity or observation interval. (3) Episodic severity Measure(s), This should describe how episodic severity is measured, such as the average (and range of) duration of an episode, the average cost of repair or replacement resulting from an episode, the average severity rating based on scaled categories of topographies, and / or the average severity rating based on scaled categories of outcomes. If episodic severity isn't going to be measured, a justification and explanation should be provided. (4) Quality of Life impact Measure(s), this should describe how the impact of the behavior on the person's quality of life will be measured. This might be through

measures of the limited time and / or activities in the community and/or in terms of use of restrictive procedures, such as the number of times physical management is used, the number of hours the person is mechanically restrained, the dosage levels of chemical restraints, the number of hours the person spends with a locked door between them and other people, etc. If the negative impact on the person's quality of life isn't going to be measured, a justification and explanation should be provided. (5) Course / Precursors. There should be a brief statement regarding the presence or absence of precursors. If there are precursors evident, then these should be described in order of their occurrence. Then, there should be a description of how a typical episode of target behavior unfolds, along with a description of post-cursor behaviors and the incidental behaviors that are concomitant with precursor, target, and post-cursor behavior. The course of a typical episode may be contrasted with the course of a severe and/or a mild episode. (6,7,8) Strength. The current estimated rate (6) or other quantified measure of the behavior's occurrence should be described. Rate is defined as average frequency per a unit of time. Alternatively, occurrence may be measured in terms of % of opportunity or intervals. This estimate should be consistent with the Cycle definition. Episodic severity. The current level estimated episodic severity (7) of the behavior should be described. This can be stated in terms of some measure of central tendency (mean, median or mode) and range. Example may be in terms of duration, cost of repair or replacement, scaled severity of topography our outcome, averaged for the incidents of target behavior that occur. The current impact on the person's quality of life (8) due to the behavior should be described. This can be stated in terms of some measure of central tendency (mean, median or mode) and range. Examples may be in terms of the number of times physical management is used, the limited number of hours or activities in the community, hours in mechanical restraints, the dosage levels of chemical restraints used, and the number of hours there is a locked door between the person and others.

2. History of the Problem

_____ Onset (1)

_____ Duration (2)

_____ Recent Changes (3)

Scoring Criteria. (1) Onset. A statement regarding the point of the historical onset of the problem should be made. If it is not known, then that should be stated. (2) Duration. The approximate duration of the problem should be described. (3) Changes. A statement should be made regarding any recent changes in the rate, or severity of the behavior. If there has been a recent exacerbation or decrease, then some statement should be made about the factors that might be contributing to these changes.

3. Antecedent Analysis

Setting Events

_____ High Likelihood (1)

_____ Low Likelihood (2)

Trigger Events

_____ Location (3)

_____ Person (4)

_____ Time (5)

_____ Activities / Events (6)

Specific Incident Examples

_____ High Likelihood (7)

_____ Low Likelihood (8)

Scoring Criteria. (1) High Likelihood Setting Events. Setting events are antecedents that may occur an hour, day, week, etc., prior to the behavior. They can be described as contextual events and may include mood, psychiatric status, illness, sleeplessness, absence of medication, emotional events, setting or program characteristics, etc. In this section, those setting events associated with the higher likelihood of precursor behavior, target behavior, and / or escalation of target behavior should be described. In contrast to setting events, triggers represent more immediate influences target behavior and its precursors. (2) Low Likelihood Setting Events. In this section, those setting events associated with the lower likelihood of precursor behavior, target behavior, and / or escalation of target behavior should be described. (3) Location. There should be a brief statement about the setting(s) and / or locations (e.g., bedroom, bathroom) where the behavior is more and less likely to occur. If there is no apparent difference, this should be indicated. (4) Persons. There should be a statement regarding the characteristics of people in whose presence the behavior is more and less likely to occur. For example, is the behavior more likely in the presence of men, women, etc. If there are no differences, then a statement in this regard should be made. (5) Time. A statement should be made regarding the times of the day, week, and month during which the behavior is more and less likely to occur. If there are no differences, then a statement in this regard should be made. (6) Activities / Events. A statement should be made regarding the specific activities during which the behavior is more and less likely to occur. For example, the behavior may be more frequent when doing dishes, or when taking a shower and less frequent during meal times. If the behavior occurs across all activities, or does no differentially occur in specific activities, a statement in this regard should be made. If the target behavior's occurrence or nonoccurrence is immediately preceded by the onset or offset of an environmental event (e.g., a demand of a particular kind or tone, a person walks into the room, a noise, a compliment) these specific events should be described. If there are no identifiable events, then a statement in this regard should be made. (7,8) Specific Incident Examples. One or more actual events should be described (not characterized) in concrete detail to substantiate that some, if not all, the antecedents described above are in fact associated with the higher and the lower likelihood of target behavior, its precursors and / or its continuation or escalation.

4. Consequence Analysis

_____ Non-planned Reactions (1)

_____ Impact of Non-planned Reactions (2)

_____ Formal Management Methods (3)

_____ Effects of Management Methods (4)

_____ Maintaining Events (5)

Scoring Criteria. (1) Non-planned Reactions. A statement should be made about the reactions that people have to the behavior. That is, given that the behavior has occurred, what is the "immediate" response of others including non-staff (e.g., surprise, come closer, get angry, etc.). (2) For each reaction described above, the impact on the person's immediate behavior should be described. Does the behavior

improve? Worsen? No impact? These influences on the continuation or resolution of the behavior might also have been described in the antecedent analysis section, and may be cross-referenced. (3) Formal Management Methods. A brief description should be presented of the methods used to formally manage the target behavior (e.g., time out, reinforce alternatives, ignore, etc.). This may be cross-referenced to the section labeled "Previous or Current Treatments." (4) In addition, there should be some statement regarding the effectiveness of the described support strategies, both at the moment (i.e., as a reactive strategy) and over the period during which the methods have been used. Has the behavior improved? Worsened? Remained the same? In this context, schedules of reinforcement (e.g., DRO and DRL) as used currently and in the past, should also be described and evaluated. This may be cross-referenced to the section labeled "Previous or Current Treatments" and credit should be given if this is the case. (5) Maintaining Events. There should be a brief statement regarding the events that are maintaining the target behavior (e.g., positive / negative reinforcement). This information may be located in the "Impression" section and credit should be given if this is the case.

5. Ecological Analysis

_____ Physical Environment (1)

_____ Programmatic Characteristics (2)

_____ Interpersonal Factors (3)

_____ Other Factors (4)

Scoring Criteria. Other sections of the report should have described the physical, interpersonal, and service aspects of the person's ecology. Further, the antecedent and consequence analysis sections should have described those things that make the behavior more and less likely. Given, those two sets of previous information, the ecological analysis section describes the mismatches, i.e., the ways in which the characteristics of the current ecology appear to represent a mismatch with the person's needs and characteristics. (1) This section should include factors in the physical environment that have an impact on the behavior (e.g., overcrowding, noise, location of facility, number of people in the person's environment, sudden environmental changes). (2) This section should include programmatic characteristics that impact on the behavior (e.g., lack of schedule of activities, lack of functional programming, instructional technology, nature of materials being used in instruction). (3) This section should include interpersonal factors (e.g., quality and quantity of interactions with others, opportunities for interactions with others, expectations of others, philosophy of those around the focus person) that impact on the behavior. (4) This section should include other factors that impact on the behavior such as resources, staff supervision, and staff training. If no other factors are described, mark this area n/a.

6. Impressions and Analysis of Meaning

_____ Hypotheses Presented (1)

_____ Explicit Reference to Background Information and Functional Analysis (2)

_____ No New Information Presented (3)

_____ Hypotheses Presented From Person's Perspective (4)

_____ Give Reiterated Examples (5)

Scoring Criteria. (1) Hypotheses Presented. Hypotheses regarding the possible functions served by the behavior should be presented in this section. Possible functions might include communication, initiation / maintenance of social interaction, stress reduction, increase / decrease of sensory input, acquisition of events from the environment, escape / avoidance of unpleasant events in the environment. (2) Explicit Reference to Background Information and Functional Analysis. Explicit references should be made to demonstrate that the hypotheses presented are based on the background information and functional analysis. (3) No New Information Presented. There should be no new information presented about the target behavior or the person's background in this section. (4) Hypotheses Presented From Person's Perspective. In addition to such general conclusions regarding the function of the target behavior, it should also be stated from the focus person's point of view in very personal terms. For example, rather than just concluding that the behavior serves the function of "task" avoidance," the conclusion reached should take into account possibilities such as the task avoidance being a reaction to the "authoritarian" or "parental" tone being used, as opposed to being asked in a respectful, egalitarian manner; to the lack of choice and control in the person's life, as opposed to the request being made within the context of a lifestyle that is self determined; and / or to being asked to perform a task that is meaningless and boring, as opposed to being asked to carry out a meaningful and/or interesting task; let alone the possibility that the non-performance of the requested activity might functionally be communicating a lack of understanding of the request or an inability to perform the task. (5) Give Reiterated Examples. At least one example that was presented in the functional analysis should be presented here to support the hypotheses presented.

    B.   Behavior 2 _____

Same as above.

VI.   Motivation Analysis

_____ Method of Analysis (1)

_____ List Potential Reinforcers (2)

_____ Prioritize Potential Reinforcers (3)

_____ Limited Potential Reinforcers (4)

Scoring Criteria. (1) Method(s) of Analysis. The methods used to determine the possible reinforcers should be described here (e.g., interview, observation, free access test, questionnaire). (2) List of Potential Reinforcers. A list of potential positive reinforcers should be provided that might be used in a behavioral plan of support. (3) Prioritize Potential Reinforcers. The list of potential reinforcers should be prioritized in such a way that those events that are most important for the person are clearly described. (4) If the potential list of reinforcers is very short, or if people have difficulty identifying reinforcers, then this should be mentioned and suggestions made as to ways of further assessing or establishing new potential reinforcers.

VII.   Mediator Analysis

_____ Identification of Agents (1)

_____ Estimate of Abilities to Carry Out Intervention (2)

_____ Resources (3)

_____ Supervision and Management (4)

_____ Constraining Factors (5)

Scoring Criteria. (1) Identification of Agents. The key social agents (e.g., parents, teachers, aides, etc.) who are or would be responsible for the plan's implementation should be described. (2) Estimate of Abilities. The strengths and weaknesses of these potential mediators should be described, with specific attention given to how their strengths and weaknesses might impact the course of services provided. This should lead to a realistic estimate to the potential mediators' ability to carry out strategies given the demands of time, energy, and emotions. (3) Resources. A statement should be made regarding the adequacy of existing resources. If the resources are deemed inadequate, then a statement in this regard should be made and suggestions should be made regarding amelioration of the problem. (4) Supervision and Management. A brief statement should be made regarding the adequacy of supervision. If there are problems in this area, then suggestions should be made regarding amelioration of the problem. (5) Constraining Factors. If there are any factors that might impede the mediators' ability to carry out the prescribed services, they should be mentioned here, including such things as their attitudes, motivation, philosophies, etc. Strategies for ameliorating the problems should also be presented, if appropriate. If no statement is made regarding constraining factors, this item should be marked n/a.

VIII.   Recommended Support Plan

A. Long-Range Goals

B. Operational Definitions

_____ Behavior 1

_____ Behavior 2

C. Short-Term Behavioral Objectives

Behavior 1

_____ Over time

_____ Episodic Severity

_____ Quality of life Impact

Behavior 2

_____ Over time

_____ Episodic Severity

_____ Quality of life Impact

D. Data Collection

   1. Methods

_____ Behavior 1

_____ Behavior 2

2. Reliability

_____ Behavior 1

_____ Behavior 2

Scoring Criteria. (A) Long-Range Goals. There should be a brief statement describing the long-range goal(s) of the support plan in terms of Quality of Life Measures, for example, living in the least restrictive setting, increasing contact with non-disabled population, increasing independence, maximizing opportunity to interact with non-disabled in non-disabled situations with minimal supervision. Long range goal should go beyond boiler plate language and establish a personal vision for our support of the person – what might we see five years in the future if we are as successful as possible. It should provide a vision of what might be possible in terms of where the person might be living, have relationships with, be doing, etc. It should raise eyebrows but be within the realm of possibility.

(B) Operational Definitions. The topography, cycle and episodic severity measure(s) of each tar get behavior as written in section labeled, "Description of the Problem Behavior" should be included here. This section is primarily used for training purposes and is optional. If it is not included, this area should be marked n/a.

(C) Short-Term Objectives. For each target behavior, three time-limited, measurable objective should be present, one for reducing the behavior over time, one for reducing episodic severity and one for reducing the negative impact on the person's quality of life. Each objective should contain all of the following (1) a label for the target behavior, (2) a description of whether the target behavior is to be decreased / maintained / increased, (3) a statement in measurable terms (e.g., frequency, rate, percent occurrence, average duration average scaled severity rating) of the degree of change expected (e.g., 25 times a week to 10 times a week—10 minutes a day to 5 minutes a day; an average of one hour an episode, with a range of from 15-minutes to 3-hours an episode to an average of 5 minutes an episode, with a range of from less than a minute to no more than 15-minutes per episode), (4) a statement of interval of time during which the change is expected to occur (e.g., one month, one quarter). The short-term objective should be within a year's time frame.

(D) Data Collection

(1) Methods. For each target behavior described above, the methods of observation and data collection should be presented. The method described should be adequate and appropriate given the topography, frequency and episodic severity of the target behaviors, as well as the staffing resources available.

(2) Observational Reliability Procedures. For each target behavior described above, methods of determining the accuracy / reliability of the observational data should be described. The methods should be appropriate given the behaviors described and the relative frequencies and measures of episodic severity, as well as given the resources that are available.

E. Support Strategies

1. Ecological Strategies

_____ Rationale (1)

_____ Follows Logically From Analysis (2)

_____ Ecological Recommendation (3)

Scoring Criteria. Ecological Strategies are designed to improve the MATCH (i.e., smoothness of fit) between the person and aspects of the living, working, learning, interacting environment. This section should not be a simple description of the person's environment, which is the purpose of other sections of the assessment. This section should address the Ecological Conflicts identified in the Ecological Analysis of the report. This section should include AT LEAST ONE ecological recommendation. (1) Rationale. Each recommendation should be preceded by a rationale or justification for the recommendation. (2) Follows Logically From Analysis. Each recommendation should be tied to the functional analysis. This case should be made in the Rationale above. (3) Ecological Recommendation. This section should address at least one mismatch identified in the section labeled, "Ecological Analysis." The strategy should be stated in sufficiently concrete detail to enable someone else to write a protocol and carry out the recommendation. The recommendation should focus on at least one of the following areas: (a) Physical Factors. A description of changes that need to occur in the person's physical environment (e.g., location / type of residence, reduction or crowding, avoidance of noisy places, ambiance, arrangement of classroom, position in classroom relative to teacher, etc.). (b) Programmatic Factors. A description of changes that need to occur in the ways person is taught (e.g., concrete vs. abstract, choices, structured schedule, learning style, whole vs. partial task teaching. (c) Interpersonal Factors. This section should describe changes that need to occur in the interpersonal environment (e.g., sex of staff, attitude of staff, interaction style, expectations, retraining around complicating beliefs / philosophies, etc.). (d) Other Factors. This might include, for example, a description of changes that need to occur in the level of supervision (e.g., weekly, clinical, contact meetings, quality assurance checks) or training (e.g., in-service, role playing, greater structure, reliability checks).

2. Positive Programs

General Skills

_____ Rationale / Logic (1)

_____ Objective (2)

_____ Method (3)

Equivalent Skills

_____ Rationale / Logic (4)

_____ Objective (5)

_____ Method (6)

Related Skills

_____ Rationale / Logic (7)

_____ Objective (8)

_____ Method (9)

Coping Skills

_____ Rationale / Logic (10)

_____ Objective (11)

_____ Method (12)

Scoring Criteria. General Skills Training. If appropriate, a statement should be made regarding systematic training in the areas of self-help skills, academic skills, vocational activities, domestic activities, community functioning, and / or leisure-time / recreational. The skills taught should be functional, chronologically age-appropriate, and, if appropriate, should be taught under the conditions where they would be naturally used. (1) Rationale / Logic. The recommendation should be preceded by a rationale or justification for the recommendation and should follow logically from the functional assessment. (2) Objective. This section should describe exactly what skill the person will be learning (e.g., the person will learn how to fix a pizza snack each day after school). (3) Method. A recommended instructional method should be included here (e.g., backward chaining, shaping, discrete trial training, etc.).

Functionally Equivalent Skills. If appropriate, given the functional analysis, specific behaviors should be taught that provide the person with a more appropriate / effective way of achieving the legitimate function served by the target behaviors and identified in the functional analysis. For example, if the behavior is designed to communicate, then the program should include alternative communication strategies. (4) Rationale / Logic. The recommendation should be preceded by a rationale or justification for the recommendation and should follow logically from the functional analysis. (5) Objective. This section should describe exactly what skill the person will be learning (e.g., the person will learn how to use a break card when he needs a break at work). (6) Method. A recommended instructional method should be included here (e.g., role play practice, shaping, discrete trial training, etc.).

Functionally Related Skills. If appropriate, given the functional analysis, specific skills should be taught that are related to but not functionally equivalent to the target behaviors described above. Examples might include teaching choice making, teaching a person to use a schedule or activity sequence board, teaching independent food making and getting, teaching discriminations, teaching the time, place, conditions to engage in behavior (i.e., Stimulus Control). (7) Rationale / Logic. The recommendation should be preceded by a rationale or justification for the recommendation and should follow logically from the functional analysis. (8) Objective. This section should describe exactly what skill the person will be learning (e.g., the person will learn how to use a picture schedule to plan for and participate in daily activities each day). (9) Method. A recommended instructional method should be included here (e.g., backward chaining, shaping, discrete trial training, etc.).

Coping Skills. In the previous sections, the person is taught to be more skillful in his / her intercourse with the environment. The person is taught to be more independent, and to achieve needs more effectively and more appropriately. In this section, the person is taught to tolerate or cope with pieces of the natural environment that can't or won't be changed, especially those events that have been identified as discriminative for the target behaviors. Thus, if appropriate given the functional analysis, a statement should be made describing the training that will occur. This might include relaxation training, desensitization, tolerance training, emotive imagery, graduated extinction, vicarious extinction and counter-conditioning strategies, etc. (10) Rationale / Logic. The recommendation should be preceded by a rationale or justification for the recommendation and should follow logically from the functional analysis. (11) Objective. This section should describe exactly what skill the person will be learning (e.g., the person will learn how to take deep breaths and relax when presented with an anxiety provoking event). (12) Method. A recommended instructional method should be included here (e.g., progressive relaxation training, shaping, discrete trial training, etc.).

3. Focused Support Strategies

Behavior 1

_____ Rationale / Logic (1)

_____ Description of Strategies (2)

_____ Preventative Strategies (3)

Behavior 2

_____ Rationale / Logic (1)

_____ Description of Strategies (2)

_____ Preventative Strategies (3)

Scoring Criteria. Focused support strategies are designed to produce rapid changes in each target behavior, i.e., to quickly reduce, if not eliminate, the need for reactive strategies. Examples include, but are not limited to, Noncontingent or Time-Based Reinforcement, Antecedent Control, Stimulus Satiation, DRO, DROP, DRA, DRL, Combined Schedules, DRH, Instructional Control. (1) Rationale / Logic. Each strategy should be preceded by a rationale or justification for the strategy and should logically follow from the functional analysis. (2) A brief description of the strategy should be provided and should include consideration of the basic rules of good contingency management. Depending on the strategy recommended, this could include: interval sizes, selection of criteria for reinforcement, consideration of the 100 percent rule and the Free Access Rule, timeliness of reinforcement, schedule of delivery, etc. (3) Prevention Strategies. Strategies designed to prevent the occurrence of the behavior should be presented. These antecedent control strategies could include introducing and / or avoiding certain schedules, styles, activities, etc., but might also include specific responses staff should and / or should not make in reaction to precursor behavior, if precursor behavior was described in the functional analysis.

4. Reactive Strategies

_____ Rationale (1)

_____ Follows Logically From Analysis (2)

_____ Consistent With Emergency Management Guidelines (3)

_____ Reactive Strategies Described for Each Target Behavior
                 or separate topographies (4)

_____ Early in Chain (5)

Scoring Criteria. Specific strategies should be made for managing each of the target behaviors that are consistent with IABA's Emergency Management Guidelines. Consideration may also have to be given to different topographies or cluster of topographies within a particular target behavior.

(1) Rationale. Each recommendation should be preceded by a rationale or justification for the recommendation. (2) Follows Logically From Analysis. Each recommendation should be tied to the analysis. This case should be made in the Rationale above. (3) Consistent with Emergency Management Guidelines.

The reactive strategies should be consistent with IABA Emergency Management Guidelines and should not include aversive / punishment components. (4) Reactive Strategies Described for Each Target Behavior. For each behavior (organized around specific targets or clusters of topographies within targets) identified in the analysis, there should be AT LEAST ONE reactive strategy described. The question that needs to be answered is "What do I do when he / she engages in (target behavior)?" (5) Early in the Chain. If precursors were identified, the plan should describe at what point in the escalation specifically described antecedent control and / or reactive strategies should be used. The question to be answered here is "How can we prevent him / her from escalating to the next stage to the behavior / crisis?" If the recommendation for support is presented in terms of a chain of behavior, some of this might have been described under focused support and may be cross-referenced in one section or the other.

5. Staff Development

_____ Training (1)

_____ Fidelity (2)

Scoring Criteria. (1) At least one strategy should be described for teaching the mediators how to carry out the above Recommended Support Plans. These strategies might include in-service training, competency based training, role-playing, modeling, in-home consultation with direct procedure-by-procedure instruction. (2) At least one strategy should be described for evaluating and documenting consistency in service provision (e.g., fidelity checks, performance monitoring, feedback).

IX.   Comments and Recommendations

_____ General Summary and Statement of Need (1)

_____ Summary of Mediator Analysis and Anticipated Difficulties (2)

_____ Summary of Services Requested Throughout Assessment Report (3)

_____ Additional Resources and/or Services Requested (4)

_____ Strategies for Evaluating Outcomes of Recommended Support Plan (5)

Scoring Criteria. (1) There should be a general summary statement regarding the assessment findings (e.g., "Analysis shows that _____ manifests behavior challenges that warrant services at this time."). (2) A summary statement should be made regarding the mediator analysis and the level of anticipated cooperation or motivation of the mediators and / or the presence of any issues that might impede progress. If there are no anticipated problems, then a statement in this regard should be made. (3) A summary statement should be made regarding any services requested throughout the assessment report (e.g., if a change in living arrangement was recommended in the Ecological Strategies section, if a medical or psychiatric evaluation was recommended in the Health and Medical Status section. (4) A statement should be made regarding any additional services the focus person may require (e.g., evaluations, therapy, etc.) that were not mentioned within the assessment report. Any recommendations regarding further behavioral consultation, intensive intervention, etc., also should be made. If no further services are requested, then this should be stated along with a brief explanation. (5) If services based on the recommended support plan are to be provided, a time frame for evaluating the effectiveness of those plans should be provided (e.g., written quarterly progress reports).

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