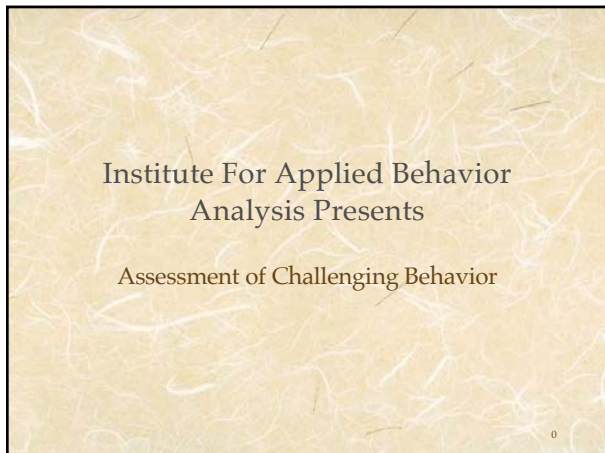
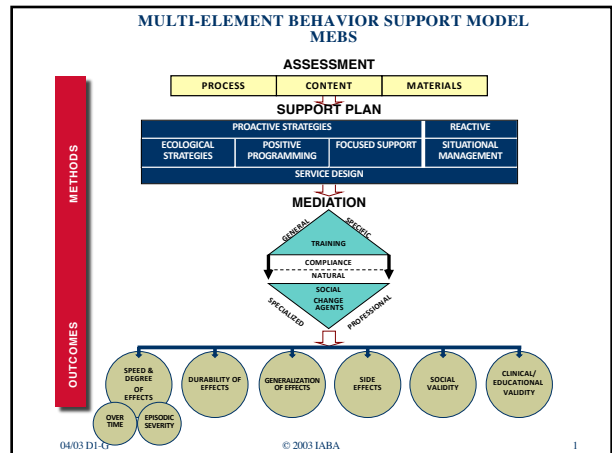


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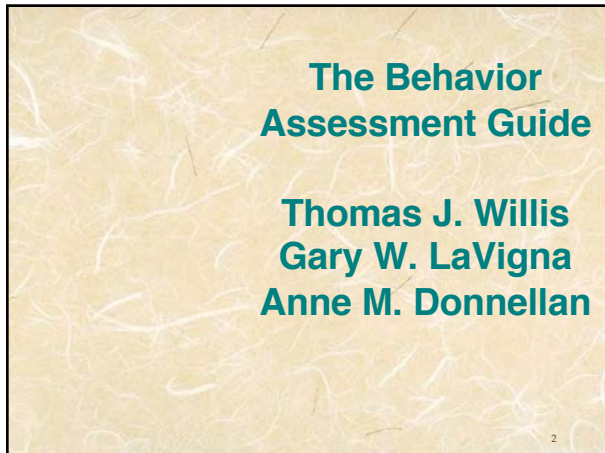
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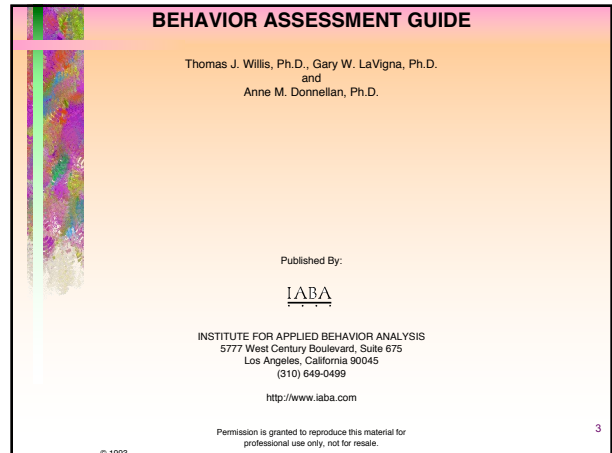
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Page 1  
**BEHAVIOR ASSESSMENT GUIDE**

Date of Referral \_\_\_\_\_  
Person Making Referral \_\_\_\_\_

**ASSESSMENT CONTACTS:** 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
Interviews with		
Observations of		
Visits to		
Review of records		
Data analysis		

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

Mother's Name:	Father's Name:
Employment:	Employment:
Health:	Health:
Level of Education:	Level of Education:
Degree of Contact with Child / Adult:	Degree of Contact with Child / Adult:
Comments:	Comments:

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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.**

**Extended family**  
**Elderly family members**  
**Friends**  
**Girlfriends and boyfriends**  
**Etc.**

**Other Issues / Concerns:**

- Family difficulties that might impact treatment?
- Degree to which difficulties disrupt family?
- Perception of client by family members?
  - Willful
  - Can't do anything
  - Will never learn
- Contact of parents with client?

**LISTEN FOR ATTITUDES, BELIEFS (E.G., PEOPLE WITH DISABILITIES, WILLFULNESS.**

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**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.)

- Natural home / foster home
- Size and spaciousness
- # of bedrooms / sleeping arrangement
- Privacy
- State of repair / cleanliness
- Security at home and in neighborhood
- Level of congestion / noise / sensory overload
- General impression
- Other behavior problems at home

**Example:** Depressed 16 year old, living at home with natural father and step mother, boxes stacked to ceiling, dad out of work, open medication bottles of parents and child laying around house.

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

**Respite**  
**Intensive Intervention**  
**Early Intervention**  
**Parent Training**

3. **Preferred Events:** (Describe the density of preferred events available in this setting). What does the person really like????? Are they present????? Does the person have access?????

4. **Interpersonal Environment:**

- How do people get along?
- Conflicts?
- Issues that may contribute to behavior challenges?
- Interaction Style???? Largely negative?
- Positive?

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**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?

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**D. Schedule of Activities:** In this section, describe the person's activities for the average w and weekend day beginning with the time of awakening to bedtime. Indicate the approx times that these activities occur, and whether the activities are FUNCTIONAL and CHRONOLOGICALLY age appropriate.

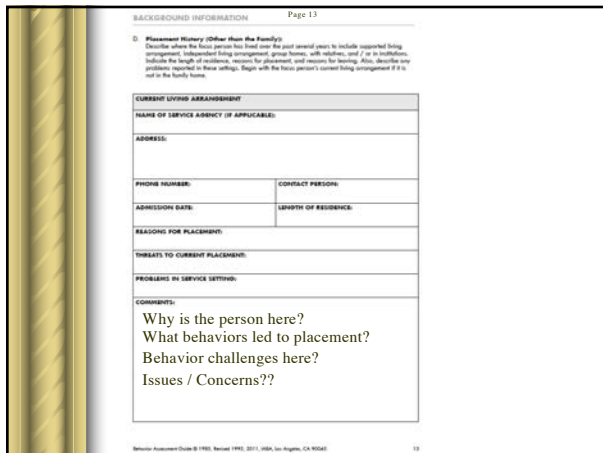
Time of Activity	Description of Activity	Yes / No	
		Functional	Age Appropriate

**Nature of Activities**  
 Type - Frequency - Meaningfulness  
**Questions To Be Answered**  
 Could behavior Be Due To:  
 Boredom?  
 Aversive Nature of Activities?  
 Too Much Work?  
 Not Enough Challenge?  
 Novelty?  
 Does Not Have Skills To Do What is Asked?

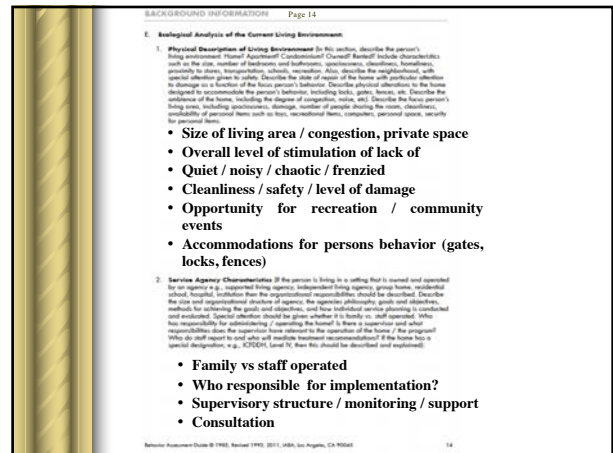
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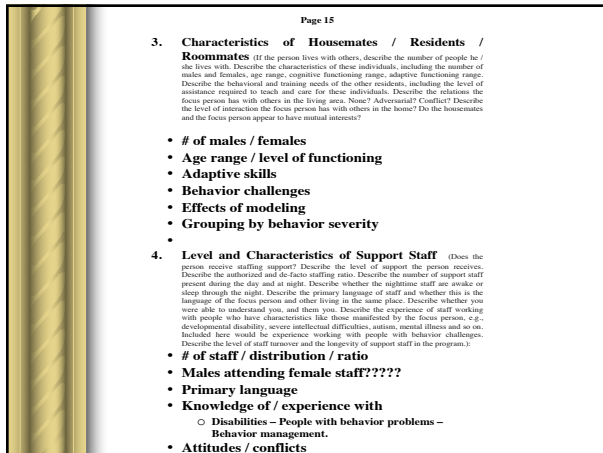
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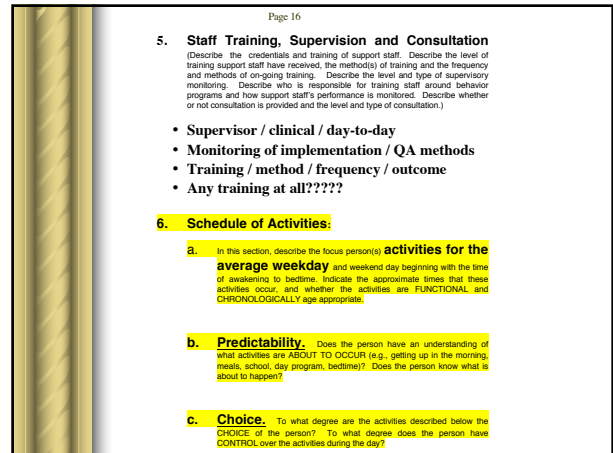
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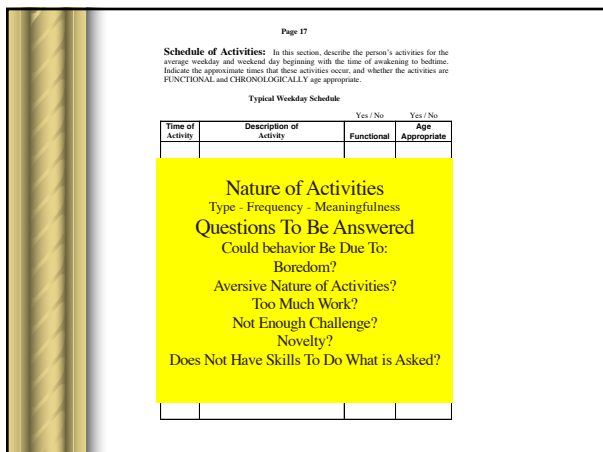
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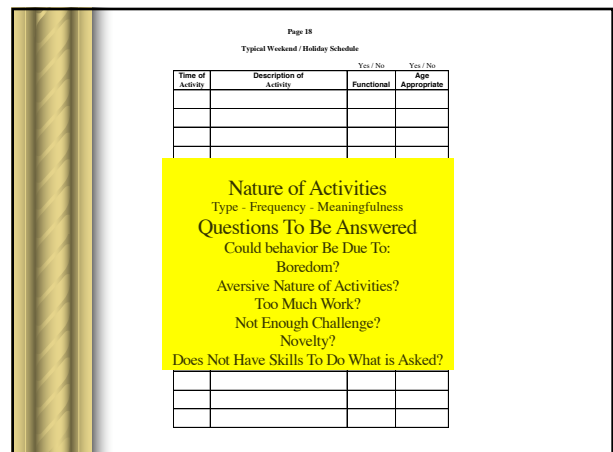
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# A Walk Through the Behavior Assessment Guide

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**Previous Living Arrangement:**

Name of Service Agency (If Applicable):	
Address:	
Phone Number:	Contact Person:
Admission Date:	Length of Residence:
Reason(s) for Placement:	
Reason(s) 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:
Reason(s) for Placement:	
Reason(s) for Discharge:	
Type of Program:	
Comments:	

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Rob has a long history of failed placements. Available records suggest at least 24 since the age of 16 years. These are chronicled below:

Facility	Length of Stay
State Home	unknown
Day Care	unknown
Central Wisconsin Hospital	1 month
State Vocational Training School	44 months
Williams State School	77 months
Academy Health Center	<1 month
East Wisconsin State Home	11 month
Earl Jackson Home	<1 month
Harry James Substitute Care	5 months
Lita Almond (sister)	1 month
Gary Gardner (emergency)	<1 month
Temporary Emergency Apartment, Supervised Apartment, Gary Gardner	4 months
Supervised Apartment, Correctional Center	<1 month
Help Center-Supervised Apartment	<1 month
Whiteoak Hospital	<1 month
Help Center-Supervised Apartment	14 months
Frank Willis, Substitute Care	<1 month
Family Resource Center	3 months
Poseda Hospital	1 month
Board and Care	1 month

- 18 placements in 5 years
- 12 less than a month

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**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, vocational / 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.

<b>CURRENT DAY SERVICE</b>	
1. Is the person currently participating in day services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SERVICE / SCHOOL NAME:	
ADDRESS:	
TYPE OF DAY SERVICE:	
<b>Workshop - Day Activity Program - School</b> - Special Class - Special School - Sitter - Supported Work - Employed	
DAYTIME PHONE:	EVENING PHONE:
CONTACT PERSON:	ROLE / POSITION:
CONTACT PERSON:	ROLE / POSITION:
CONTACT PERSON:	ROLE / POSITION:
ADMISSION DATE:	DISCHARGE DATE:
LENGTH OF PARTICIPATION:	REASONS FOR DISCHARGE:
COMMENTS / PROBLEMS / ISSUES AT SERVICE:	

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**G. Ecological Analysis of the Current Day Program Environment:**

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.)
  - Size of class / arrangement of desks, stations, centers
  - Distance from other students / workers
  - Exciting / tense / frenzied / boring / chaotic / noisy / quiet
  - General atmosphere / congestion / spaciousness
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?)
  - Aides and their usage (reactive VS teaching)
  - Organized VS hang loose
  - Rigid VS laissez-faire

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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 those individuals. Describe the level of support other participants require. Describe how participants get along and the level of restrictions they have with the focus person.
  - # of males / females / age range, functioning / mental health characteristics / physical disabilities
  - Level of support required
  - Students with behavior problems / modeling
  - Number of students with behavior challenges
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 too. 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.)
  - # of staff and distribution / ratio
  - Primary language
  - Knowledge / experience with people with
    - Disabilities
    - Behavior Problems
    - Behavior Management

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6. **Instructional Methods** (Describe the methods of support / instruction. Lecture? Small group? Large Group? Hands on? Centers? Discovery? Task? Nagging? Corrector? Level of prompting? Do it for? Individualized vs. All the same? Individualized adaptations? TEACH? Given the method, how does it interact with the person's needs?
  - Lecture (Can't process auditory information.)
  - Small Group (Distractibility)
  - Centers
  - Do it for them
  - Nagging
  - Individualized VS All the same
  - Individualized adaptations (Concrete schedules)
  - **IS THERE A CONFLICT HERE?????**
7. **Preferred Events:** (Describe the density of preferred events available in the 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.)
  - Supervisor / clinical / day-to-day
  - Monitoring of implementation / QA methods
  - Training / method / frequency / outcome
  - Any training at all?????

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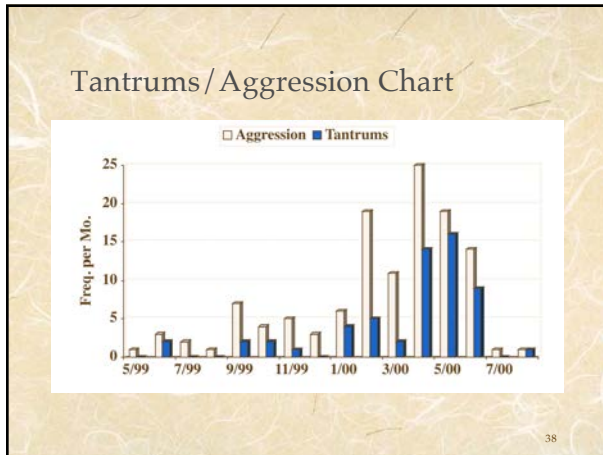
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<p>9. Does the person have vision problems? (e.g., difficulty seeing, wears corrective lenses) Have people expressed concerns about the person's ability to see clearly? Does the person bump into objects while walking, etc.?</p>	<p>Vision problems and behavior problems / misinterpretation of others intentions.</p> <p><b>IMPACT ON BEHAVIOR?</b></p>
<p>10. Does the person have difficulty hearing? Have there been any concerns about the person's ability to hear?</p>	<p>"I just know he can hear!" but records show a profound hearing loss.</p> <p><b>IMPACT ON BEHAVIOR?</b></p>
<p>11. Does the person have a history of problems with his / her Endocrine System (e.g., Diabetes, thyroid problems)?</p>	<p>Sugar level / attentiveness, sleeping in class after meals, frustration tolerance.</p> <p>Thyroid / hyperactivity / hypoactivity / lethargy</p> <p><b>IMPACT ON BEHAVIOR?</b></p>
<p>12. Does the person have a history of problems with his / her muscles or bones (e.g., tremor, jerking, inability to use appendages, paralysis, broken bones, dislocation, diseases, etc.)?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>

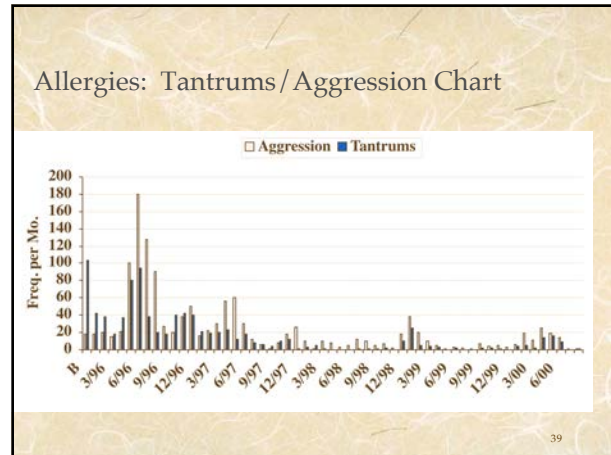
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<p>13. Does the person have a history of <b>skin problems</b> (e.g., rashes, infections, irritations, ulcerations, acne, etc.)?</p>	<p>Relationship to self injury?</p>
<p>14. Does the person have a history of <b>allergic reactions</b>? If so, please describe these.</p>	<p>Seasonal allergies and behavior problems (MG) / mental illness / stress (Food, Gluten).</p> <p><b>IMPACT ON BEHAVIOR?</b></p>
<p>15. Does the person have any <b>medical problems</b> for which he / she is currently receiving medical assistance?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>
<p>16. Has the person been <b>hospitalized</b> recently? If "yes", why?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>
<p>17. Does the person have any <b>physical disabilities</b>? (Include any disabilities that impair movement, require prosthetics or supports). Describe any physical limitations that the person may have.</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>

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<p>18. Describe the person's <b>sleep cycle</b>. What time does the person go to bed? Awakens at night? Hours of sleep per night? How does sleep affect behavior?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>
<p>19. Describe the person's <b>eating habits</b>. Diet? Eats variety? Limited range of foods? Eats too much? Eats constantly? Does the person have any diet restrictions? Special diet? Why? How do eating habits affect behavior?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>
<p>20. Describe the person's <b>elimination habits</b>. Regular? Irregular? Only in one place? Problems? Complaints? How do elimination habits / problems affect behavior?</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>
<p>21. Comments and Impressions.</p>	<p><b>IMPACT ON BEHAVIOR?</b></p>

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22. **Seizure Activity.** In this section, the 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 the behavioral support plan.

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 seizures? 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 the seizures controlled?

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

- 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 it is difficult to get the person's attention?
- 3) Does the person engage in explosive behavior for no apparent reason, and does the person appear to be totally "out of control"?


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**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
Mellaford	200 mg.	Bid	10/2/93	Behavior problems

1. Who is / are the prescribing physician (s)?
2. What are the effects of the medication(s)? Do they seem to be working? Have any changes been noted since their introduction?
3. Have there been any side effects of the medication(s)? (Review PDR)

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**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 (1) if there are serious concerns about the efficacy of medication for the control of problem behaviors, (2) 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 (including Schedule of Delivery)	Date Initiated	Date Ended	Impact / Comments / Issues / Side Effects

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Medication Summary and Review

Name of Client: \_\_\_\_\_ Date Chart Initiated: \_\_\_\_\_

Month or Date of Change	Type	Type	Type	Type	Type	Type	Type	Rate of Aggression
	Dosage Schedule	Dosage Schedule	Dosage Schedule	Dosage Schedule	Dosage Schedule	Dosage Schedule	Dosage Schedule	
6/1/88	Mellaril 125 mg	Lithium 600 mg						27
7/1/88	125	300						21
8/1/88	125	D/C side effects						82
8/25/88	175							73
1/19/89	200							80
10/25/89	200							89
1/17/90	200		15 mg	4 mg				N/d
4/11/90	200		D/c	4	60 mg			3
5/9/90	200			4	80			0
9/19/90	200			4	120			0
11/19/90	400			4	D/c	200 mg		16
12/15/90	200			4		500		14

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**F. 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?

- List of past treatments for behavior problems.
- Based on Behavioral Assessment?
- Assessment of any type?
- Comprehensiveness of assessment?
- Current treatment based on good behavioral technology?
- Current treatment based on behavioral assessment?
- Were programs ever implemented?
- Effects of implementation?
- Troubleshooting Guide.

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**F. 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		Effect	
Describe the procedures used as part of the treatment:		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?			

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# A Walk Trough the Behavior Assessment Guide

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

- Describe the person's general communication ability. How well does the person communicate?
  - Good / poor / doesn't initiate / poor articulation
- How does this person ordinarily communicate his or her needs (e.g., conventional verbal language and gestures; conventional sign language; traditional writing, autocomm., or other visual methods; 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.)
  - Ordinarily communicate needs???
  - Words / signs / writing / visual methods / PECS / symbols / gestures / etc.

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**B. Expressive Language Skills.**

- General information:
  - Does the person use **VERBAL LANGUAGE** to express needs?
  - If YES, what language does the person generally use?
  - Approximately how many words can the person use?
    - Of these, how (or percentage) many are used to attend to a meaningful way with others?
  - Does the person use speech spontaneously, or must prompts be used?
  - Does the person ask meaningful questions to obtain information or to get needs fulfilled?
  - Does the person greet others by name?
  - Does the person initiate or hold conversations with others? If so, how complex are these conversations?
  - Does the person relate personal experience in a factual manner?
  - How understandable is the person's language? Are there any difficulties with intelligibility? Are there any articulation problems?
  - Does the person have problems such as stuttering, echolalia (immediate or delayed), or perseveration.

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- 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.
  - Aggression (eg, hit, kick, slap, push)
  - Terrors (eg, scream, cry, howl)
  - Verbal or physical threats (eg, raised fist, "I'll hit you," "I'll get you," "If you don't do \_\_\_\_\_, I will \_\_\_\_\_")
  - Ritualistic behavior (eg, checking, retching, opening and closing muscular fists)
  - Self-stimulatory behavior (eg, flapping hands, twisting, pinching, sniffing, etc.)
  - Self-hurtful behavior (eg, slips, hits, bites, scratches, bangs self)
  - Grabbing, pulling, touching others
  - Reaching
  - Change in intonation and/or volume
  - Proximity to others (eg, get closer)
  - Flaming
  - Hyperactivity or motor agitation
  - Withdrawal
  - Crying, whimpering
  - Go away (eg, looking away)
  - Other:

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- Describe how the person usually indicates that he / she wants things such as the following:
  - An object.
  - Something to eat or drink.
  - Someone to come or be near.
  - To have attention.
  - To play.
  - To be tickled or wrestled with.
  - To be with peers and others.
  - Time alone.
  - More space (go away).
  - A certain activity.
  - To be touched.
  - Needs to use the toilet.
  - Wants to go to bed.
- Describe how the person indicates he / she wants **SOMEONE** to do the following:
  - Give something.
  - Perform some action.
  - Give assistance.
  - Come closer.
  - Give praise and affection.
  - Give information or to clarify something.

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- Describe how the person communicates to **SOMEONE** the following:
  - To "stop" some action or activity.
  - Refusal of an activity (e.g., "No, I don't want to.")
  - Wants to take a break.
  - A change of mind, position, task.
  - Wants to continue beyond allotted time.
  - Wants to leave the situation.
  - Wants to be left alone.
- How does the person express the following:
  - Boredom.
  - Confusion.
  - Sadness.
  - Anger.
  - Fear.
  - Anticipation.
  - Pleasure.
  - Pain.
  - Enjoyment.
  - Frustration.
  - Affection.
  - Happiness.

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**C. Receptive Language Skills.**

- General Information:
  - Does the person **understand spoken language**, and if "YES" describe briefly.
  - Approximately what **size of receptive vocabulary** (small, average for age) does the person have?
  - What level of **complexity of directions** can the person follow (1-2-3 or 4-step)?
  - Does the person **listen** when others speak?
  - How much of what is **said (or signed)** does the person understand (all, much, some, little, none)?
  - Does the person understand more of what is said or signed when accompanied by gestures?
  - Does the person understand more when what is said or signed is in the appropriate context?
  - Describe the conditions under which the person seems to understand what is said or signed.
  - What level of conversation does the person understand and participate?
  - How does the person indicate that he / she understands what is being said?

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# A Walk Trough the Behavior Assessment Guide

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**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. \_\_\_\_\_)

- **PRACTICAL COGNITIVE SKILLS???**
- Cognitive functioning as reported in formal testing?
- Strengths and weaknesses?
- **Abstract vs concrete?**
- Visual learner vs. auditory learner?
- Visual / perceptual abilities?
- Information processing? (slow)
- Memory (short term / long term)

**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 news paper \_\_\_\_\_ 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 \_\_\_\_\_?

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**Almanac of Solutions**

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**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 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 \_\_\_\_\_? person can name the following coins: penny \_\_\_\_\_, nickel \_\_\_\_\_, dime \_\_\_\_\_, quarter \_\_\_\_\_, half dollar \_\_\_\_\_?

**PRACTICAL SKILLS???????**

**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 \_\_\_\_\_?

**PRACTICAL SKILLS???????**

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**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 \_\_\_\_\_?

**PRACTICAL SKILLS???????**

**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 \_\_\_\_\_?

**PRACTICAL SKILLS???????**

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**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 = Modeling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = N/A

**Can be used as a rating scale or interview guide or both!**

**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 \_\_\_\_\_, nylon \_\_\_\_\_, pullover shirt \_\_\_\_\_, blouse/shirt \_\_\_\_\_, ties shoes \_\_\_\_\_, lace shoes \_\_\_\_\_, buttons \_\_\_\_\_, zips \_\_\_\_\_, snaps \_\_\_\_\_, Removes pants \_\_\_\_\_, underwear \_\_\_\_\_, socks \_\_\_\_\_, dress \_\_\_\_\_, nylon \_\_\_\_\_, 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 \_\_\_\_\_

**Problem is physical aggression; but has a history of "Fecal Retention."**

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D. **Bathing Skills.** Enters tub/shower \_\_\_\_\_ washes hands & 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 \_\_\_\_\_

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**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 = Modeling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = NA

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 wastebasket \_\_\_\_\_ hangs up clothing \_\_\_\_\_ places clothing in drawers \_\_\_\_\_ picks up clothing \_\_\_\_\_

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

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

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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 \_\_\_\_\_

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**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 = Modeling; 4 = Light Physical Assistance; 5 = Full Physical Assistance; 6 = Hand Over Hand Assistance; 7 = NA

**Is the person SAFE in the Community??????**  
**DOES THE PERSON FOLLOW THE RULES OF WALKING / INTERACTION / SOCIALIZING???**

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 longdistance 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 healthy food \_\_\_\_\_ shops for food for several days \_\_\_\_\_ buys clothing \_\_\_\_\_

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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 \_\_\_\_\_

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**LEISURE SKILL / RECREATIONAL DOMAIN**

**What does the person do with his / her leisure time?** In this section, you are interested in what the person does when he / she has no structured activities. What does the person do when there is nothing scheduled to do? 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 \_\_\_\_\_ cards \_\_\_\_\_ puzzles \_\_\_\_\_ ping pong \_\_\_\_\_ pool \_\_\_\_\_ plays with pet \_\_\_\_\_ indoor plants \_\_\_\_\_ reads newspaper \_\_\_\_\_ invites friends over \_\_\_\_\_

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

C. **Other.** Briefly describe any other activities in which the person might participate during free time, and leisure activities.

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### 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?

- **Rate of activity?**
- **5-year-old girl: 48 activity changes per hour / 55 redirects per hour / with a 1:2 staffing ratio**

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?

- **10 second attention span and effect on program**
- **Compare attention to requirements of task**

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? Headbanging? Picking? Gesturing? Stereotyped Behaviors, e.g., twirling, gazing, lining objects, touching, licking? If "YES," describe briefly.

- **Twitching / blinking / sucking / nail biting / rocking / picking / fidgeting / gesturing /**
- **Stereotypic / self-stimulatory behavior: rocking / gazing / lining objects, touching, licking, etc**

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### EMOTIONAL DOMAIN

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? Would you describe the person as an angry person?

- **Range of emotions?**
- **May help explain information from functional analysis.**
- **May need to teach person to identify emotions! IN OTHERS AND IN SELF!!!**

B. Does the person cry, seem to be depressed, or unhappy? How does he / she express unhappiness? Is client described as unhappy, miserable? How often are these emotions expressed?  
**RELATIONSHIP TO BEHAVIOR CHALLENGES????**

C. Does the person have fears? If "YES" what is the person afraid of? (Night, animals, objects, places).  
**RELATIONSHIP TO BEHAVIOR CHALLENGES????**

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?

E. Does the person show signs of happiness? How is happiness expressed (e.g., smiles, laughs, jokes)?

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### SOCIAL SKILLS DOMAIN

A. In general, DESCRIBE person's INTERACTION with others.

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

Siblings?

Peers?

Teachers?

Parents?

Animals?

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 interaction with these individuals.  
**DOES THE PERSON HAVE UNIQUE ABILITIES THAT CAN BE USED TO BUILD RELATIONSHIPS????**

D. Does the person **DO** things with others? Does the person **HANG AROUND** others? Does the person **SEEK OUT** or **AVOID** others?

**Do others seek him out or avoid him????**

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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?

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### 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. Add any additional information related to the described problems in the section labelled "Comments and Other Problems."

**USED TO DETERMINE THE RANGE OF BEHAVIOR CHALLENGES THE PERSON MAY MANIFEST.**

Over 150 different behaviors  
12 behavioral categories

Name of Person: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date PBI Completed: \_\_\_\_\_

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Problem Behavior Inventory

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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 (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. _____								
13. _____								

Comments and Other Problems: \_\_\_\_\_

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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. _____ at school								
3. _____ at restaurants								
4. _____ at friends								
5. _____ at play								
6. Wets bed at home								
7. _____ 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. Sneezes / Licks face								

Comments and Other Problems: \_\_\_\_\_

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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 parents bedroom											
8. Wakes in sleep											
9. Not enough sleep											
10. Bangs at night											
11.											
12.											

Comments and Other Problems:

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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. Runs into things											
10. Jumps up and down											
11. Releases slaps											
12. Walks on lines of sidewalk											
13. Checks and re-checks											
Other:											
Other:											

Comments and Other Problems:

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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
14. Twists objects											
15. Lines up objects											
16. Wraps on bars											
17. Rocks											
18. Twists 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. Tunnels teeth											
25. Stares at moving objects											
26. Genital manipulation											
27. Facial grimacing											
Other:											
Other:											

Comments and Other Problems:

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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:

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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 parents' 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:

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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:

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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											
5. Objects of unknown origin in possession											
6. Sets fires											
7. Plays with matches											
8. Plays / touches stove											
9.											
10.											

Comments and Other Problems:

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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. Defiant											
6. Refuses discipline											
7. Does not respond to direction											
8.											
9.											

Comments and Other Problems:

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**MEDIATOR DESCRIPTION**

**NOTE: THESE ARE OPEN-ENDED QUESTIONS. MUCH OF WHAT YOU LEARN ABOUT MEDIATORS IS FROM OFF THE CURF COMMENTS AND OBSERVATIONS.**

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 person's life who are 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.**

- Who has responsibility for discipline?
 

Sometimes, discipline is the primary responsibility of one person. Who is it? As a result, the client may be more likely to avoid that person, the person who delivers aversives.
- What methods are used when person misbehaves? List and describe how often they are used.
 

Here you are trying to establish the USUAL ways the parents may discipline and the impact. The Methods listed below are not the only ones you can address.
- 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		

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4. What methods have been found to work?

- List of methods that work?
- Unwritten procedures?
- List of methods that do not work?

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

- Agreement / disagreement regarding management methods?
- Effects on consistency / behavior?

B. Behavioral Vigettes. How would you deal with the following situations if they occurred? Indicate the person to whom staff members who use the specific reaction.

**NOTE: THIS MAY BE USED FOR PEOPLE WHO DON'T HAVE A CLUE ABOUT HOW THEY MANAGE BEHAVIOR DIFFICULTY BEING SPECIFIC... THESE QUESTIONS ARE FACE SAVERS IN A SENSE**

Description	Reaction or Method of Dealing
1. He / She refuses to do what is asked?	
2. He / She says profanity?	
3. He / She hits you?	
4. He / She hits another person?	
5. He / She hits?	
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 tangles clothes?	

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C. Attitudes Toward Child Rearing / Caregiving / Teaching.

1. What do you believe is the ROLE of a parent (Caregiver / Teacher)?

- Take all the child has to give because of disability.
- Spare the rod and spoil the child.
- Disciplinarian.
- No idea / confused / overwhelmed

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?

- Can't do a thing / totally dependent
- Will be normal by 5.
- My role is to teach, not to deal with behavior.
- Not in my living room.
- Normal people don't spit, curse, tantrum or masturbate!

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

- Adult: To bed by 8:00 PM
- Normal people don't masturbate.
- No rules VS to many / too strict.

4. Are there any CULTURAL differences that might impact the person's behavior?

- Sleeping in bed with parents / Eat with fingers
- Cultural view of women / men / culture of abuse
- Who has responsibility for children?

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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?


**SOMETIMES, PEOPLE TELL YOU THAT IT IS NONE OF YOUR BUSINESS. DON'T PRESS IT. THERE MAY BE GOOD REASON FOR NOT DISCUSSING ISSUES.**

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**NOTE: IF THERE IS NOT MUCH INTERACTION, THEN CONSIDER ASKING "WHY?" IT MAY BE THE RESULT OF THE BEHAVIOR CHALLENGE.**

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 child as positive or negative?

7. Do they look forward to being with 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?

F. Time Factor or Other Environmental Constraints (Parents). Are there any problems, other commitments, or issues that might prevent one or both parents from participating in program (e.g., work schedule, number of children, clubs, out of town)? Describe these.

The rate of positive and negative interactions?

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SERVICE PROVIDERS / PAID STAFF

A. Behavioral Strategies

**DOOR OPENING QUESTIONS**

- Who has responsibility for implementing behavioral support plans?
- What are the agreements / disagreements over the behavioral strategies being used?
- What are the agreements / disagreements over the use of behavioral strategies generally?
- What are the agreements / disagreements regarding the use of STRICTLY positive strategies?

B. Attitudes / Philosophical Context

- What do you believe your ROLE is with reference to challenging behavior? **Don't let him get away with it? Prevent? Protect? School aides!!!!**
- 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 success? **People with severe disabilities CAN'T LEARN!!!!!!**
- What are your major EXPECTATIONS regarding person's with disabilities in general, including developmental disabilities, mental illness, autism, etc.? **He knows what he is doing? He is doing it on purpose? He may be mentally ill, but he has the ability to control himself?**
- What are the RULES of the SETTING? List in order of IMPORTANCE. **Bedtime? Behavior challenges? Community access?**
- Are there any CULTURAL / LANGUAGE differences that might be impacting on the behavior?
- What are the attitudes regarding the NEED for consequences / discipline for inappropriate behavior? **Can't let him get away with it? If I let him get away with it, all is lost. All behaviors have consequences.**

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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? **Most often directive, corrective!**

4. Do staff use respectful / dignifying tone with the person? **Describe people by the behaviors they emit? (e.g., slobber, spitter, "here is our runner," attention getter).**

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:

- Do support staff appear to be MOTIVATED to implement a formal behavior support plan?
  - What do people say?
  - How do they react to idea of treatment or carrying out program?
  - Too busy?
  - Don't do behavior?
  - Reluctant?
  - Can't you fix him!
- Is it likely that support staff will COOPERATE with service plan recommendations?

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**CONCLUSIONS**

3. What factors might **CONSTRAIN** support staff's ability to follow through with recommendations (e.g., available time, treatment philosophy, beliefs regarding the problems)?
  - Time / philosophy / beliefs
  - Number of other children / students / clients
4. What **ENVIRONMENTAL CONSTRAINTS** might have an impact on the ability of program staff to carry out support plan recommendations?
  - Money / limited space / overcrowding
5. What is the level of **BEHAVIORAL EXPERTISE and EXPERIENCE** of support staff?
 

**Formal Training / experience / none**
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?

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## REINFORCEMENT INVENTORY FOR CHILDREN

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
<b>A. FOOD ITEMS</b>					
1. Candy					
a. What Kind?					
b.					
2. Ice Cream					
a. What Kind?					
b.					
3. Soda					
4. Potato Chips					
5. Cakes					
6. Cookies					
7. Sandwiches					
a. What Kind?					
b.					
8. Other Foods					
a.					
b.					
<b>B. TOYS AND PLAYTHINGS</b>					
1. Electric Cars					
2. Electric Trains					
3. Blocks					
4. Stacks Board					
5. Playing with Dolls					
6. Marbles and Drop-up Toys					
7. Erector Set					
a. Other Toys					
b.					
c.					
<b>C. ENTERTAINMENT</b>					
1. Watching Television					
a. Favorite Programs?					
b.					
2. Movies					
a. Favorite Movies?					
b. Favorite Broadway / Artists					

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
<b>D. SPORTS AND GAMES</b>					
1. Playing Football with Kids					
2. Playing Football with Parents					
3. Swimming					
4. Blow Hockey					
5. Skating					
6. Bowling					
7. Horseshoe Hiding					
8. Tennis					
9. Hiking					
10. Checkers					
11. Chess					
12. Baseball					
13. Basketball					
14. Ping Pong					
15. Scrabble					
16. Monopoly					
17. Playing by Numbers					
18. Computer Games					
19. Video Games					
20. Clue					
21. Card Games					
<b>E. MUSIC / ARTS / CRAFTS</b>					
1. Playing a Musical Instrument					
a. Tapes?					
b. Songs?					
2. Drawing					
3. Coloring					
4. Building Models					
5. Working with Tools					
6. Working with Clay					
7. Musical Instruments					
8. Other					
a.					
b.					
<b>F. DISCUSSIONS / COMMUNITY</b>					
1. Role in Car					
2. Going to Work with Mother or Father					
3. Visiting Grandparents or Relatives					
4. Visit to Beach					
5. Picnic					

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
6. Vacation					
a. (Where?)					
b. Activities?					
8. Going Out to Dinner					
9. Visit a Friend					
a. (Who?)					
b. (Where?)					
11. Visit a Museum					
12. Going to Store					
a. (Where?)					
b. (By?)					
14. Going to Library					
15. Visit Amusement Park					
<b>G. SOCIAL / INTERACTION</b>					
1. Playing with Others					
a. (Who?)					
2. Being Praised					
a. (By Whom?)					
b. By Father					
c. By Mother					
d. By Teacher					
e. By Friends					
3. Being Hugged and Kissed					
4. Being Touched					
5. Group Activities					
a. (Where? Books, Clubs)					
6. Going to Friends					
a. (Where?)					
7. Having Friends Sleep over					
a. (Where?)					
8. Sleeping at Friends House					
9. Talking with Others					
10. Kidding and Joking					
11. Party to Friends					
12. Taking Friends out					
13. Happy Faces, Smiles					
<b>H. ACADEMIC / CLASSROOM</b>					
1. Learning a New Language					
2. Taking Piano Lessons					
3. Reading					
4. Being Near to					
5. Looking at Books					

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
6. Shopping					
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. Caring for Pets					
17. Room Pictorial / Leader					
18. Line Monitor					
19. Extra Recreational Free Time					
20. Leave Class or School Early					
21. Visit Activity Center or Center					
22. Listen to Records					
23. Read Book of Choice					
24. Write Notes					
25. Visit Monitor					
26. Individual Conference or Counseling					
27. Get a Drink					
28. Tutor Another Student					
29. Arrange Bulletin Board					
<b>I. DOMESTIC ACTIVITIES</b>					
1. Setting the Table					
2. Making the Bed					
3. Sweeping					
4. Repairing or Building					
5. Working in the Yard					
6. Doing an Errand					
7. Cooking					
8. Wearing or Working on Car					
9. Sewing					
10. Shopping					
11. Preparing a Menu					
12. Planning Events					
13. Extension from a Domestic Activity					
<b>J. PERSONAL APPEARANCE</b>					
1. Doing New Clothes					
2. Putting on Makeup					

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
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. Taking Picnic Tables					
<b>K. OTHER EVENTS &amp; ACTIVITIES</b>					
1. Staying up Past Bedtime					
2. Earning Money					
3. Having Free Time					
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 Records					
10. Friend to Eat over					
11. Talking into a Tape Recorder					
12. Decorating Own Room					
13. Extended Bedtime					
14. Plan the Day's Activities					
15. Public Display of Work or Progress					
16. Changing Own Bedtime					
17. Sleeping Late					
18. Chairperson at Meeting					
19. Subscription to Special Magazine					
20. No Napping by Others					
21. Attention Given in a Group					
22. Friend with no Morning					
23. Opportunity to Masturbate					
24. Opportunity to Leave Work Early					
25. Opportunity to Select a Job					
26. Work in a Special Setting (office)					

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Reinforcement Inventory for Children

DESCRIPTION OF POTENTIALLY REINFORCING EVENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	MUCH	VERY MUCH
27. Other					
a.					
b.					
c.					
d.					
<b>L. TOKEN REINFORCERS</b>					
1. Stars on a Chart					
2. Money / Token / Coin					
3. Special Badges					
4. Cakes					
5. Certificates					
6. Name on name tag					
7. Accumulation of Marbles or Chips					
8. Signatures					
9. Cornst / Marked on a Plate					
10. Points					
11. Numbers					
12. Money					
13. Hair Money					
14. Theater Tickets					
15. Numbers in Check Book Register					
16. Gift Certificate					
17. Other					
a.					
b.					
<b>M. OTHER</b>					

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REINFORCEMENT INVENTORY FOR ADULTS

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

ACTIVITIES	HOURS	MINUTES
Watching television		
Listening to music		
Conversation with others		
Alone		
Eating		
Organized sports		
Reading		
Thinking		

List below those events that the person does or requests most often:

7 times a day? \_\_\_\_\_

10 times a day? \_\_\_\_\_

13 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? \_\_\_\_\_

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## Purpose / Rationale

To identify events with sufficient motivational characteristics to outweigh the reinforcement associated with the emission of the problem behavior.

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## Observations

- Reasons for program failure
- Not individualized
- At convenience of others in setting
- Over emphasis on food and attention
- Total lack of creativity in selection and design

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## Methods for Identifying Potential Reinforcers

- Direct free observation
- Forced choice
- Reinforcer Sampling. (Ayllon and Azrin, JABA 1968,1)
  - Individual is presented with the opportunity to sample the reinforcer with "no strings attached."
  - If the individual then performs a select behavior to achieve access to the "reinforcer" then it is presumed that the event is reinforcing.
- Limited experience with environmental events may result in limited repertoire of potential reinforcers (Give Free Access)
- Situationally discriminated reinforcers. Interview with client and / or significant others.
  - Paper and Pencil Methods.
    - Questionnaires / Rating Scales.
    - Reinforcement Inventory.
    - Open-ended fill-in.
      - "If you had \$10 what would you buy?"
      - "Where do you like to go for dinner?"

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### Issues and Guidelines in the Selection of Potential Reinforcers

- ▶ Age appropriate
- ▶ Individualized
- ▶ Select reinforcers that will be used!
  - Consider mediator philosophy.
  - Consider daily routine.
  - Consider financial ability.
  - Consider natural reinforcers.
  - Consider "Free Access Rule."
  - Consider basic rules of reinforcement.

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#### 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**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**BEHAVIORAL DEFICITS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

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#### 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.

EXAMPLES CAN HELP HERE

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### Inappropriate Sexual Behavior Markers

- Touches my thigh.
- Rubs his genital area on my leg.
- Pats me on the bottom.
- Hugs me tightly and moves up and down.
- Brushes up against my chest.
- Touches my leg with his leg and moves up and it up and down.
- Rubs my shoulders and it makes me feel uncomfortable.
- He says things that are sexual. He says he is going to stick something in my \_\_\_\_.
- He once told me he was going to rape me.
- He asks me to go to bed with him.
- He asks me to touch his \_\_\_\_.
- He rubs his hands up and down on his genitals and smiles at me.
- He looks at me while pinching his nipples.

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### Inappropriate Sexual Behavior: Topography

This category of behavior can be divided into 4 separate topographies:

- 1) **Deliberate Touching of Other's Private/Personal Body Parts:** This behavior involves contact to areas of another person's body that are usually considered to be private or personal; e.g., breasts, buttocks, lips, groin area. It is also involves physical contact that suggests a sexual act such as rubbing his genitals against another's body, etc.
- 2) **Touching Other's in a Provocative Manner:** This behavior involves touching another in a manner that suggests sexual desire. Some specific examples of this behavior include caressing another's shoulder, leg, arm, etc.

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### Topography: Inappropriate Sexual Behavior


- 3) **Sexually Inappropriate Gestures:** Any gesture that the general public would consider sexually provocative. Some specific examples include: rubbing his hands up and down the front of his body, rubbing/squeezing his chest, manipulating himself in a sexual manner in the presence of others, and exaggerated effeminate poses and walks.
- 4) **Sexually Inappropriate Verbalizations:** This is behavior involves making verbalizations that suggests a sexual act with another or that is considered extremely offensive to those within ear shot. Some specific examples that fall into this category are as follows: "I am going to stick this in your butt", "I am going to rape your friends." (These examples could also be considered physical threats). Other examples are, "You want to go to bed with him"

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Measurement Criteria: Occurrence Measure (Cycle of the Behavior)




CYCLE describes the criteria by which the ONSET and OFFSET of a behavioral episode will be recorded

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**OCCURRENCE MEASURES**

- RATE/FREQUENCY
- PERCENTAGE OF OPPORTUNITY
- PERCENTAGE OF INTERVALS




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**EPISODIC SEVERITY MEASURES**

- Episodic Severity
  - Duration
  - Levels
  - Use of restrictive practices



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**Outburst**

- 1 – Scream
- 2 – Verbal Abuse
- 3- Verbal Threat
- 4 – Physical Threat
- 5 - Property Damage
- 6 – Physical Aggression
- 8 – first aid
- 9 - medical

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**Course Of Behavior Over Time**

- Time-Lapse Photography Metaphor
  - Select an incident.
  - Imagine you have set up a camera that is set to take a picture every 10 seconds.
  - What is in the first frame? What is the first thing you saw / hears?
  - Then what?
  - Then what?

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**Course Of The Behavior Over Time**

- Precursors / Warning Signs.
  - Signs the behavior is about to occur?
  - Signal
  - Time Lapse Photography Metaphor
  - From start to finish, what does behavior look like.
- No Warning / Sudden Onset.
  - Don't necessarily believe others when they say there are no signs.
  - Example describing moment by moment development.
- Specific Course Examples.

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## Antecedent Analysis

- Two – One Million Dollar Questions
  - Arrange Environment with NO incidents?
    - What experiences suggest that this is true?
  - Arrange Environment with at least One occurrence.
    - What experiences suggest that this is true?
- Top 10 Events that will cue presence or absence of behavior.

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## Consequence Analysis

- Planned Reactions
- Unplanned Reactions
- Internal Events

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## Consequence Analysis

- Usual Methods – Methods that everyone agrees on, but they are not written.
  - Action / Impact (escalate, resolve, interrupt)
- Past Methods / Strategies
  - Methods / Impact (escalate, resolve, interrupt)
  - Schedules of Reinforcement / Impact
  - Restrictive Practices / Impact (escalate, resolve, interrupt)
    - *Momentarily / Long Term*
  - Environmental Adaptations (fences, locks, gates, special windows, unbreakable furniture / windows,
    - *Impact*

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## Ecological Analysis

Where Does Information Come From?

- Physical
- Interpersonal
- Service / Programmatic

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## Other Things To Consider

- Physiological State
- Mental Health
- Missing Events In Person's Life
  - Family, relationships, love, intimacy, etc
- Untreated Psychiatric Status

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## Impressions / Analysis of Meaning

- Ask the parents / mediators "Why do you think he / she engages in the behavior?"
- List of hypotheses regarding function: Describe from the person's perspective.
  - Ecological Explanation
  - Communication Hypothesis.
  - Acquisition Hypothesis.
  - Escape / Avoidance Hypothesis.
  - Increase / Decrease Sensory Experience
  - Manage Negative Emotions
  - Social Interaction
  - Medical / Psychiatric / Neurological

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## Impressions / Analysis of Meaning

- For each hypothesis give a rational for this conclusion. Where did it come from???
- Don't be afraid to ask those being interviewed.

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## Impressions / Analysis of Meaning

Hypotheses Regarding Meaning / Function of the Behavior	Reason(s) for Drawing Conclusion / Supporting Data
Communicating "I want to leave the task."	Consequence analysis shows that when prevented, his behavior escalates, but when allowed to leave the behavior stops.  He has no way of formally communicating he wants to leave.

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## Alternative / Function Achieving Skills

- What ways does the person have to achieve the described functions for the target behavior?
  - Words
  - Relaxation
  - Assertion
  - Walk Away

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## Outline of Your Plan

ECOLOGICAL STRATEGIES	FOCUSED SUPPORT STRATEGIES
Physical Ecology Interpersonal Ecology Service Delivery Ecology	Preventative Strategies Reinforcement Strategies Stimulus Satiation Free Access to Reinforcers
POSITIVE PROGRAMMING	REACTIVE STRATEGIES
General Skill - Fun Skill Functionally Equivalent Skill Functionally Related Skill Coping Skill	What should I do when he is escalating?  What should I do when he is coming at me?

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## Outline of Your Plan

ECOLOGICAL STRATEGIES	FOCUSED SUPPORT STRATEGIES
Provide barriers in class to reduce noise.  Provide visual schedule  Improve quality of interactions	Eliminate all criticism  DRO
POSITIVE PROGRAMMING	REACTIVE STRATEGIES
Prepare a meal for roommates.  Use escape card to leave task.  Teach recognition of emotions.  Teach relaxation	Active Listening Help solve problem Let him leave when asks Remind him of what he is earning.

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