

PTR TOOLS

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Prevent-Teach-Reinforce

Fidelity Checklist for Individualized (FBA) Implementation Process

Instructions: Indicate whether or not the following activities occurred in the development of intervention strategies to address your student's problem behaviors.

1. Was a team (defined as at least one other person other than the teacher) formed to discuss the behavior and develop plans for intervention? YES NO
2. Did the team include the student or was student input considered at each step of the process? YES NO
3. Did the team identify and define a minimum of one problem behavior to be decreased? YES NO
4. Did the team identify and define a minimum of one appropriate/alternative behavior to be increased? YES NO
5. Did the team come to consensus on the behaviors identified, the definitions, and the progress-monitoring method? YES NO
6. Was a daily progress-monitoring data system established to measure occurrence of problem and appropriate behaviors identified for decrease and increase? YES NO
7. Did the data measure have a minimum of 3 days of baseline data? YES NO
8. Did the teacher and the student provide input on the functional behavior assessment? YES NO
9. Did the functional behavior assessment result in a hypothesis statement or summary that included the target behavior and the triggers (antecedents) and the function based on consequences that follow problem behavior? YES NO
10. Did the team come to consensus on the hypothesis statement? YES NO

11. Did the behavior intervention plan include at least one strategy that prevented the behavior from occurring by addressing the antecedent in the hypothesis? YES NO
12. Was the prevention strategy written in sufficient detail so that another adult who was not at the meeting could implement the strategy? YES NO
13. Did the behavior intervention plan include at least one strategy that taught the student a new, appropriate behavior that would replace the problem behavior? YES NO
14. Was the replacement behavior strategy written in sufficient detail so that another adult who was not at the meeting could implement the strategy? YES NO
15. Did the behavior intervention plan include at least one strategy that reinforced the replacement behavior and no longer reinforced the problem behavior, linking back to the consequences/function in the hypothesis? YES NO
16. Was the reinforcement strategy written in sufficient detail so that another adult who was not at the meeting could implement the strategy? YES NO
17. Did the teacher and the student (if applicable) come to consensus on the plan strategies? YES NO
18. Did another school-based consultant/team member train the teacher and the student to do the plan? YES NO
19. Was in-class support provided to the teacher after the plan began to be implemented? YES NO
20. Was there a plan for collecting behavior plan implementation fidelity? YES NO
21. Was there a follow-up meeting to review the fidelity and the progress-monitoring data to determine whether the behavior plan was effective? YES NO

PTR Process—Specific Activities for Each Step

Check or N/A	Step	Comments
MEETING 1. OPTIMAL SCENARIO—Steps 1 and 2 are completed Step 1: Goal Setting (Tools/Forms: Identifying the Problem Table, Individualized Behavior Rating Scale)		
	1. Confirm that team included all relevant team members (at secondary, consider inclusion of the student)	
	2. If additional team members are needed, develop an action plan for who will contact the person and by what date (action plan can be verbal)	
	3. Obtain input from team on behaviors to be decreased. :	
	4. Clearly define each behavior identified in observable and measurable terms.	
	5. Reach consensus on primary problem behavior(s) to be targeted	
	6. Obtain input from team on behaviors to be increased that would replace the problem behavior(s) identified as targets.	
	7. Clearly define each behavior identified in observable and measurable terms.	
	8. Develop the Individualized Behavior Rating Scale Tool (IBRST) (<i>see Guiding Questions for Developing the Behavior Rating Scale</i>)	
	9. Ensure person who will be recording the IBRST understands how to use it.	
	10. Established a start date for using the IBRST.	
	11. If you have not yet done an observation of the student, schedule a day/time to do one.	
	<p>12. For each problem behavior identified, make a plan for completing the PTR Assessment</p> <ul style="list-style-type: none"> • Complete at meeting—If you have time left to do the PTR Assessment (FBA), decide if (a) time will be given during the meeting for each team member to individually complete a PTR assessment on each of the problem behavior(s) targeted OR (b) a group interview will be conducted. • Homework—If time is running out, decide if each team member who knows the child and the performance of the behavior well to complete a PTR Assessment or other FBA form prior to next meeting. Or, if the team does not choose to do the PTR Assessment as homework, decide how they will do it at the next meeting (see bullet above—complete at meeting). 	
	13. Confirm date and time for Meeting 2 if the meeting is concluded with Step 1. If continuing with the meeting, go to Step 2-item 1.	

Check or N/A	Step	Comments
<p>Step 2: PTR Assessment (Functional Behavior Assessment) Tools: PTR Assessment (one completed for each problem behavior), PTR Assessment Organization Table Prior to meeting: Complete the PTR Assessment Summary Table and the hypothesis statement prior to the meeting if the PTR Assessment was completed as homework.</p>		
	<p>1. If this is meeting 2, review IBRST recordings (data). Determine if (a) IBRST is working for the teacher; and (b) Targeted behaviors are still of concern.</p> <ul style="list-style-type: none"> • If the IBRST is not working as intended, make any necessary modifications to improve its functionality. 	
	<p>2. Option A—If PTR Assessment was done as homework, provide team members with the Assessment Organizational Summary Table and the draft hypothesis(es) Option B—If PTR Assessment was not done as homework, either give each team member ~ 15 minutes to complete it in the meeting or do a group interview for each problem behavior targeted. Complete the Assessment Organization Summary Table during the meeting (if time permits).</p>	
	<p>3. Review information on Summary Table and get clarification on antecedents, functions, consequences.</p>	
	<p>4. Add, remove, or adapt information on Summary Table as needed after clarifications.</p>	
	<p>5. Gain team consensus on hypothesis(es).</p>	
	<p>6. If consensus obtained, skip to item 7. If consensus not obtained, determine next steps:</p> <ul style="list-style-type: none"> • Additional information needed? If yes, schedule classroom observation • Additional measures needed? If yes, determine measures and provide • Schedule brief follow-up meeting to review additional information and/or measures (if applicable) 	
	<p>7. If time allows, provide each team member with a PTR Intervention Checklist and intervention fact sheets or document describing interventions OR specific intervention fact sheets that may work well with the hypothesis. Ask them to rank order interventions (between 2-4 in Prevent; must teach replacement skill/behavior, must reinforce replacement behavior with functional equivalence)</p>	
	<p>8. If time allows, review intervention rankings, ensure match to hypothesis, and come to consensus on a minimum of one prevent, one way to teach replacement behavior, and one reinforce (providing same function as hypothesis).</p>	

Check or N/A	Step	Comments
MEETING 2 (In Ideal World): Step 3: Behavior Intervention Plan Tools: PTR Intervention Checklist, PTR Intervention Scoring Table, Blank Support Plan templates (or electronic version)		
	1. If this is a new meeting, review IBRST recordings (data). Determine if (a) IBRST is working for the teacher; and (b) Targeted behaviors are still of concern. <ul style="list-style-type: none"> • If the IBRST is not working as intended, make any necessary modifications to improve its functionality. 	
	2. Provided a visual of the PTR Intervention Scoring Table. If not used (e.g., only one team member is making intervention selections), go to Item 3.	
	3. Discussed the rankings and interventions selected by team members in each category (prevent-teach-reinforce)	
	4. Reached consensus on top ranked interventions from each category to be included in behavior intervention plan.	
	5. Ensure that the interventions selected from each category match the hypothesis information.	
	6. Ensured that the top ranked interventions selected were also selected by the teacher (or other intervention agent).	
	7. If top interventions were not the ones selected by the teacher: <ul style="list-style-type: none"> • Ensure that the teacher is willing to do the interventions selected by the team • If the teacher is not willing, ask the other team members if it is agreeable to go with the interventions selected by the teacher. 	
	8. Take each intervention selected by the team and begin to write the support plan: <ul style="list-style-type: none"> • Ask the team for a description of how they wish to use the intervention • If the team is unable to describe the intervention in the required detail, provide some examples of how the intervention might work and/or ask guiding questions to help determine the specific steps of the intervention • Write each step down (task analysis) so that the behavior intervention could be clearly understood and implemented by anyone working with the student 	
	9. Once the plan is completed, review the steps of the interventions to make sure they are accurate	

	10. Determine who will be doing the interventions and the materials/resources that are needed (if necessary). <ul style="list-style-type: none"> • If interventions need to be constructed or purchased, determine who will be responsible 	
	11. Schedule a time to train the teacher (or intervention agent) in the intervention plan.	
	12. Schedule a time for a follow-up meeting to review data (within 3 weeks of behavior plan implementation).	
Step 3b: Coaching		
Tools: Coaching/Fidelity Checklist (option 1 or Option 2), Fidelity Development Guide		
	1. Prepare a Coaching/Fidelity Checklist/Measure for each intervention	
	2. Provide the teacher and other intervention agents with a copy of the checklist/measure	
	3. Review each step of the interventions with the teacher. Review/training can be through discussion and/or Q & A. If the teacher is willing, role play implementing the interventions	
	4. For each step on the Coaching/Fidelity Checklist, record whether the teacher could or could not role play or describe the behavior.	
	5. If there are any steps not performed or described accurately, provide additional review/activities for practice.	
	6. If the teacher appears comfortable with the interventions and showed competent performance on most of the plan (e.g., 80% or more), schedule first date of implementation with the student.	
	7. Determine with the teacher if the student needs to be trained to do the intervention. If yes, ask the teacher who would be best to train the student—you or the teacher. If the teacher will be training the student, try to be present or have someone from the team be present, if possible.	
	8. Ask the teacher if you should model the intervention with the student prior to the teacher implementing it.	
	9. If the teacher appeared to have difficulties performing the behaviors required to do the interventions during your coaching/training session (e.g., scored less than 80%): <ul style="list-style-type: none"> • Ask the teacher if the interventions need to be modified so that they can be implemented accurately. • If the teacher cannot implement the intervention, go back to the interventions selected/rank ordered and select another intervention from the appropriate category as a replacement. Schedule another time to train the teacher in the new intervention (if applicable). • At times, you may decide to go ahead and have the teacher try to implement the intervention in the classroom with the student and determine after that time if modifications or changes need to be made. (Teachers may not be comfortable with role-playing or they may do better with the student when it is the “real” performance). 	

Check or N/A	Step	Comments
	10. Determine how fidelity will be measured. If self-assessment will be the method, determine the frequency of the teacher completing a self-assessment of implementation.	
	11. If applicable, schedule one observation for fidelity. If the teacher is implementing with adequacy (e.g., 80%), self-assessments can be completed by the teacher.	
	12. If the teacher is having difficulties implementing the interventions, one or more of the following can occur: <ul style="list-style-type: none"> • Review the performance with the teacher and ask for their input on the features of the intervention that make it difficult for them to implement • Ask the teacher if they wish to modify the intervention to make it easier for implementation or if they wish to replace the intervention. • Schedule another fidelity observation 	
	13. Schedule due dates/method for receiving fidelity self-assessments and IBRST recordings. Upon review of the documents, ensure that the teacher is implementing with fidelity and that the student is making the desired behavior changes (trend line is going in the desired direction).	
	14. Additional observations can be conducted if the teacher appears to be implementing with low fidelity and/or the student is not changing in the desired direction.	
MEETING 3 or 4 Step 4: Evaluation Tools: Individualized Behavior Rating Scales, Graphs (optional), Fidelity Scores, Social Validity Scale, Teacher/Consultant Alliance Scale (Optional)		
	1. Review all data including implementation fidelity, Behavior Rating Scales, and Graphs. <ol style="list-style-type: none"> a. If desired, Excel graphs can be created with the IBRST data. If graphs are not made, ensure that the points on the Behavior Rating Scale are connected and that a vertical line is drawn on the date showing when the intervention began. 	
	2. Determine decision rules for: <ol style="list-style-type: none"> a. Adequate fidelity score b. Adequate behavior change 	
	3. Discuss with the team the impact of the intervention.	
	4. If the student is improving, determine the next steps. Possible actions can include: <ol style="list-style-type: none"> a. Expanding/generalizing the intervention: If the teacher is implementing the intervention in one routine, other routines can be selected. Or if the intervention may be implemented in a new setting or by a different person. If the intervention is generalized, determine if new people will be implementing the intervention and the training needs. b. Parts of the intervention may be faded (e.g., the schedule of reinforcement, the amount of prompting, moving to student self-management). If fading is indicated, this should be done in a systematic fashion. 	

	<ul style="list-style-type: none"> c. New goals can be established. (e.g., IBRST measures for each rating on 5 point scale can be adjusted to raise the bar or another behavior can be targeted for intervention). 	
	<ul style="list-style-type: none"> 5. If the student is not improving, determine first if the intervention has been implemented with fidelity (fidelity scores). If yes, the following options can be considered: <ul style="list-style-type: none"> a. The hypothesis may be incorrect. If this is suspected, decide if more data are needed or if the interventions need to be adjusted to fit a revised hypothesis. b. If more data are needed, determine the method in which it will be collected (e.g., another group interview, observations, etc.) c. If a new hypothesis is generated, go back to Step 3 and repeat through Step 5. 	
	<ul style="list-style-type: none"> 6. If social validity is desired, ask teacher to complete social validity scale. 	
	<ul style="list-style-type: none"> 7. Schedule another follow-up meeting to review plan extensions/generalization or new plan. 	

YOU DID IT!!!! PAT YOURSELF ON THE BACK!

Step 1: Broad Goal-Setting

Goals for: _____
(Student's Name)

	Behavioral	Social	Academic
Broad Goals			
Short-Term Goals			
Short-Term Goals			

Step 1: Simplified Goal Setting—Version 2 Modified

(Student's Name)

	Behavior
Decrease	
Increase	

Step 1: Structured Goal Setting

Student Name: _____

BEHAVIORS TO DECREASE	
<u>Target Behavior:</u>	<u>Operational Definition:</u>
BEHAVIORS TO INCREASE	
<u>Target Behavior:</u>	<u>Operational Definition:</u>

Step 1: Structured Goal Setting (Version 3)

Student Name: _____

*Directions: In the left column, list between **ONE to THREE** behaviors you wish to see less of and more of from the student.*

Behaviors to DECREASE (see less)	
Target Behavior	Definition (clear and observable)
1.	
2.	
3.	
Behaviors to INCREASE (see more)	Definition (clear and observable)
1.	
2.	
3.	

Step 1: Goal Setting

Student Version

1. What is your dream? What do you want to be doing 3-5 years from now?
2. What could help you reach your dream? What could school, family, or other people do and what could you do? What opportunities are already available that could help?
3. What is keeping you from your dream? What are the challenges that are making it hard? What are some of your fears if you don't get to reach your dream?
4. Choices are very important for everyone. Examples of big choices most people have is the type of work they will do for money, the type of fun activities they do in the evenings and weekends, where and when they go for shopping or fun activities, friends to do things with, etc. Some smaller choices most people have each day is what they wear, the clothes they buy, what they eat for breakfast, lunch, and dinner, etc. What choices do you get to make most days? What choices do you wish you could make most days?
5. Who are the most important people in your life? They can include people from school, people from your family, friends, girlfriends or boyfriends, people who live in the city or other important people who may live further away? Are there any people you wish could be included as important people?

Step 1: Goal Setting-Student Version

Student Name: _____

WHAT BEHAVIORS DO YOU WISH YOU WOULDN'T DO SO MUCH IN SCHOOL?	
<u>Target Behavior(s):</u>	<u>Definition:</u>
WHAT BEHAVIORS DO YOU WISH YOU WOULD DO MORE IN SCHOOL? WHAT BEHAVIORS WOULD YOU LIKE TO DO MORE THAT WOULD LET YOU MEET YOUR GOALS?	
<u>Target Behavior(s):</u>	<u>Definition:</u>

Step 1: Individualized Behavior Rating Scale Tool (IBRST)

Student: _____

School: _____

Teacher(s): _____

Target Behavior		Date																				
			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
			3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
			2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

KEY:

Problem Behavior _____: Definition _____ Time/Routine: All day Specific Time/Routine: _____

- 5 = Terrible day _____
- 4 = Typical bad day _____
- 3 = So-so day _____
- 2 = Good day _____
- 1 = Fantastic day _____

Replacement/Alternate Desired Behavior; _____ Definition _____ Time/Routine: All day Specific Time/Routine: _____

- 5 = Fantastic day _____
- 4 = Good day _____
- 3 = So-so day _____
- 2 = Typical bad day _____
- 1 = Terrible day _____

Step 1: Guiding Questions to Set Up the Individualized Behavior Rating Scale Tool

After your team reaches consensus on the top 2-5 goals of intervention, you are ready to set up the behavior rating scale for them to use each day. The following questions will help you in guiding the team to determine the anchors for each behavior.

Prior to setting up the IBRST, ensure that you have done the following two activities:

1. Clearly defined a minimum of one problem behavior to be decreased and one appropriate behavior to be increased. If your team identified more than 5 behaviors to be targeted, guide them to prioritize one or two behaviors to be targeted for the interventions.
2. Attempt to find out whether the team will be interested in tracking behavior occurrence throughout the entire school day, by problematic routine, by period/subject, etc. Some teachers and paraprofessionals will be overwhelmed and may just want to concentrate on a routine in which the behavior occurs (or does not occur) on a consistent basis.

Guiding Questions for EACH behavior that will be targeted:

If the behavior is one that the child may not have the same number of opportunities to perform each day (e.g., initiate social interactions appropriately, communicate the need to chill out), consider using %age of time.

1. Starting with the top ranked problem behavior, determine the appropriate metric (frequency, duration, intensity, latency) by asking the following questions:
 - a. What concerns you the most about the problem behavior (e.g., hitting, kicking, screaming, yelling out, throwing pencil down, etc.)? Is it (how often, how many times, the number of behavioral episodes), etc.? Or is it how long the behavior or behavioral episode lasts? Or is it how strong or intense the behavior or behavioral episode is?
 - i. *(Only ask the following question if the behavior of concern is related to following instructions or starting work when requested)* Or is it how long it takes before the student engages in the requested behavior?
2. Once you have established the metric, you can now ask them questions to help set up the 5-point Likert scale. For **problem behaviors**, ask the following questions related to the time period over which the team stated they would track the behavior (e.g., whole day, routine specific, time specific, activity specific, etc.):

Frequency metric questions

- a. Think back over the last month. What would you consider to be a typical bad day? How many times would you estimate that (the student) (specific behavior) during the (day or specific routine)?
 - i. The response provided can be set at Rating 4.
- b. Then a terrible day would be more than X times (put in the top number team suggested in "a.").
 - i. The response can be set at Anchor 5.
- c. What would be a fantastic day for (the student)? How many times would you like to see the behavior occur to consider it a fantastic day?
 - i. The response can be set at Anchor 1
- d. What would be a good day?
 - i. The response would be set at Anchor 2
- e. What would be a so-so day (not good but not really bad)?
 - i. The response would be set at Anchor 3.

Duration, intensity, latency metrics

To set the anchors for other metrics, you repeat the same procedures above and substitute the appropriate metric word (e.g., duration—how long the behavior lasts, the amount of time the child does the behavior in one episode; intensity—how hard, loud, far, etc. does the child do the behavior).

Appropriate behavior

Your team has a choice. Because the behavior rating scale allows a team to graph the data points, it makes the most sense for problem behaviors to decrease (line trend goes down) and appropriate behaviors to increase (line goes up). If your team prefers this traditional method of graphing behavior, you would use the same guiding questions for appropriate behavior anchors and “flip” the order of the anchors. That is, the typical bad day for an appropriate behavior would be set at anchor ‘2’ rather than 4, the terrible day would be ‘1’ rather than ‘5’, the fantastic day would be ‘5’ rather than ‘1’, and the good day would be a ‘4’ rather than a ‘2’. The constant would be the ‘3’ (a so-so day).

The other option would be to keep the scales consistent. That is, the 5, 4, 3, 2, and 1 ratings would indicate the same types of day. For example, a 5 would be a terrible day for both problem and appropriate behavior.

Other tips:

1. The anchors do not have to be even (same # of data points within each anchor). For example, you can have a team say that on a typical or average day, the behavior occurs about 8 or 9 times (anchor 4), a really bad day is more than 10 times (anchor 5), a really good day (goal-anchor 1) is 0-1 times, an okay day (anchor 3) is 5-6 times, and an almost good day (anchor 2) is about 3 or 4 times. Your goal here is to set up the scale in a format that will allow the teacher to use the entire scale in recording the occurrence and nonoccurrence of behavior. If you prefer to have every possible number included, you can use ranges (e.g., in the above example, 2 times isn't represented. You can increase the range for anchor 1 to 0-2 times or you could increase the range for anchor 2 to 2-4 times. If you will be doing this, always ask the team what would be most accurate for them when recording the behaviors.
2. Each behavior can have a different metric. That is, your team may have 2 or 3 behaviors they are targeting. One could be frequency, one could be duration, and another could be percentage of time or some other metric. This is determined by the behavior and the responses to the guiding questions.
3. Occasionally, you may have a team who is concerned about 2 different metrics for the same behavior. For example, a team may be concerned by both how often a child hits and its intensity. If the team would like to track both metrics, you would have one row of the Behavior Rating Scale be *Hitting-frequency* and one row *Hitting-duration*.

Training the teacher

The easiest and best way to train the teacher to use the IBRST is to ask them to use it immediately after development. If your meeting is at the beginning of the school day, once the IBRST is developed, say, “Let’s test this out. Think about the student’s behavior yesterday. What would you rate (problem behavior #1) for yesterday?” After the teacher gives the response, ask them “why did you select that rating?” If it appears that the teacher is comfortable with how to rate the behavior and they seem to understand how to use the tool, repeat the practice for all other behaviors on the IBRS.

Step 2: PTR Functional Behavior Assessment/Secondary Multiple Teachers-Prevent Component

1a. Are there *times of the period/class* when (problem behavior) is *most likely* to occur? If yes, what are they?

- | | |
|--|---|
| <input type="checkbox"/> Upon entry into the class | <input type="checkbox"/> Last half of the class |
| <input type="checkbox"/> Beginning of the class | <input type="checkbox"/> End of class/Dismissal |
| <input type="checkbox"/> Midpoint of the class | |

Other: _____

1b. Are there *times of the period/class* when (problem behavior) is *least likely* to occur? If yes, what are they?

- | | |
|--|---|
| <input type="checkbox"/> Upon entry into the class | <input type="checkbox"/> Last half of the class |
| <input type="checkbox"/> Beginning of the class | <input type="checkbox"/> End of class/Dismissal |
| <input type="checkbox"/> Midpoint of the class | |

Other: _____

2a. Are there *specific activities* within the class/subject when (problem behavior) is *very likely* to occur? If yes, what are they?

- | | | |
|---|---|---|
| <input type="checkbox"/> Large group Work | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group work | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Free time | <input type="checkbox"/> During announcements | <input type="checkbox"/> Peer or cooperative work |

Other: _____

2b. Are there *specific activities or subjects* when (problem behavior) is *very unlikely* to occur? What are they?

- | | | |
|---|---|---|
| <input type="checkbox"/> Large group Work | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group work | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Free time | <input type="checkbox"/> During announcements | <input type="checkbox"/> Peer or cooperative work |

Other: _____

3a. Are there *specific classmates or adults* whose proximity is associated with a high likelihood of (problem behavior)? If so, who are they?

- | | | |
|--|----------------|---|
| <input type="checkbox"/> Peers | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Other school staff | Specify: _____ | (Specify) _____ |
| | | <input type="checkbox"/> Other person (specify) _____ |

3b. Are there *specific classmates or adults* whose proximity is associated with a high likelihood of (problem behavior) *not being* exhibited? If so, who are they?

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Peers | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member (Specify) _____ |
| <input type="checkbox"/> Other school staff | Specify: _____ | <input type="checkbox"/> Other person (specify) _____ |

4. Are there *specific circumstances* that are associated with a high likelihood of (problem behavior)?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Request to start work | <input type="checkbox"/> Task too difficult | <input type="checkbox"/> Transition | <input type="checkbox"/> Student is alone |
| <input type="checkbox"/> Telling student work is wrong | <input type="checkbox"/> Task too long | <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unstructured time |
| <input type="checkbox"/> Reprimanding or correcting | <input type="checkbox"/> Task is boring | <input type="checkbox"/> Removal of preferred item | <input type="checkbox"/> 'Down' time (no task specified) |
| <input type="checkbox"/> Told "no" | <input type="checkbox"/> Task is repetitive (same task daily) | <input type="checkbox"/> Start of non-preferred activity | <input type="checkbox"/> Teacher is attending to other students |
| <input type="checkbox"/> Seated near specific peer | <input type="checkbox"/> Novel task | | |
| <input type="checkbox"/> Peer teasing or comments | | | |
| <input type="checkbox"/> Change in schedule | | | |

Other: _____

If academic demands are associated with (problem behavior)s, does the student possess the skills to engage in the academic activity without assistance?

5. Are there *specific circumstances* in which (problem behavior) is *very unlikely to occur*? Please specify.

6. Are there conditions in the *physical environment* that are associated with a high likelihood of (problem behavior)? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions....

Yes (specify) _____

No

7. Are there circumstances *unrelated to the school setting* that occur on some days and not on other days that may make (problem behavior) more likely?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> No medication | <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Home conflict |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Change in medication | <input type="checkbox"/> Bus conflict | <input type="checkbox"/> Stayed with non-custodial parent |
| <input type="checkbox"/> Physical condition | <input type="checkbox"/> Hunger | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Conflict with parents |
| <input type="checkbox"/> Hormones or menstrual cycle | <input type="checkbox"/> Parties or social event | <input type="checkbox"/> Change in routine | <input type="checkbox"/> Conflict with friends |
| | <input type="checkbox"/> Change in diet | <input type="checkbox"/> Parent not home | |
| | | <input type="checkbox"/> Conflict with girlfriend or boyfriend | |

Other: _____

Additional comments not addressed above in the *Prevent Component*.

PTR Functional Behavior Assessment Secondary: Teach Component

<p>1. Does the (<i>problem behavior</i>) seem to be exhibited in order to gain attention from peers?</p> <p>___ Yes <i>List the specific peers:</i> _____</p> <p>___ No</p>		
<p>2. Does the (<i>problem behavior</i>) seem to be exhibited in order to gain attention from adults? If so, are there particular adults whose attention is solicited?</p> <p>___ Yes <i>List the specific adults:</i> _____</p> <p>___ No</p>		
<p>3. Does the (<i>problem behavior</i>) seem to be exhibited in order to obtain items or preferred activities (games, electronics, materials, food) from peers or adults?</p> <p>___ Yes <i>List the specific objects:</i> _____</p> <p>___ No</p>		
<p>4. Does the (<i>problem behavior</i>) seem to be exhibited in order to avoid or delay a transition from a preferred activity to a non-preferred activity?</p> <p>___ Yes <i>List the specific transitions:</i> _____</p> <p>___ No</p>		
<p>5. Does the (<i>problem behavior</i>) seem to be exhibited in order to avoid or delay a non-preferred (difficult, boring, repetitive) task or activity?</p> <p>___ Yes <i>List the specific non-preferred tasks or activities</i> _____</p> <p>___ No</p>		
<p>6. Does the (<i>problem behavior</i>) seem to be exhibited in order to get away from a non-preferred classmate or adult?</p> <p>___ Yes <i>List the specific peers or adults</i> _____</p> <p>___ No</p>		
<p>7. What behaviors could the student be taught to do that would help meet academic goals? Select 3-5 behaviors that would academically enable the student to participate and meet academic goals.</p>		
<input type="checkbox"/> Study skills <input type="checkbox"/> Socially engage (e.g., working cooperatively with peers, cooperate) <input type="checkbox"/> Participate, persist, and be engaged	<input type="checkbox"/> Homework completion <input type="checkbox"/> Organizational strategies <input type="checkbox"/> Attend class <input type="checkbox"/> Self-regulation (controls temper, obeys rules, copes with stress)	<input type="checkbox"/> Work productively (complete and turn in assignments) <input type="checkbox"/> Time management <input type="checkbox"/> Arrive to class on time

Student _____ Responder _____ Behavior _____

Additional comments not addressed above in the *Teach Component*.

PTR Functional Behavior Assessment Secondary: Reinforce Component

1. What **consequence(s)/responses of others** typically happen immediately after the student's (**problem behavior**)? Select the top 3-5 that adults and/or peers almost always do immediately after the problem behavior.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sent to time-out | <input type="checkbox"/> De-escalation (e.g., LSCI or other) | <input type="checkbox"/> Verbally reprimanded |
| <input type="checkbox"/> Sent to crisis room | <input type="checkbox"/> Sent to behavior specialist/counselor | <input type="checkbox"/> Verbally redirected |
| <input type="checkbox"/> Asked to put head down | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Stated rules |
| <input type="checkbox"/> Sent to office/ODR | <input type="checkbox"/> Allowed to delay activity | <input type="checkbox"/> Physically prompted |
| <input type="checkbox"/> ISS | <input type="checkbox"/> Changed the activity | <input type="checkbox"/> Peers react (laugh, make comments) |
| <input type="checkbox"/> OSS | <input type="checkbox"/> Ended the activity | <input type="checkbox"/> Physically restrained |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Calmed/soothed | <input type="checkbox"/> Removed reinforcers |
| | | <input type="checkbox"/> Natural consequences (Specify) _____ |

Other: _____

2. Does the student **enjoy praise** from teachers and other school staff? Does the student enjoy praise from some teachers more than others?

- Yes *List specific people* _____
 No

3. What is the likelihood of the student's **appropriate behavior** (e.g., on-task behavior; cooperation; successful performance) resulting in acknowledgment or praise from teachers or other school staff?

- Very likely Sometimes Seldom Never

4. What is the likelihood of the student's (**problem behavior**) resulting in acknowledgment (e.g., reprimands, corrections) from teachers or other school staff?

- Very likely Sometimes Seldom Never

5. What school-related items and activities are **most enjoyable** to the student? What items or activities could serve as special rewards?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social interaction with adults | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Doing art |
| <input type="checkbox"/> Social interaction with peers | <input type="checkbox"/> Being outside | <input type="checkbox"/> Using the computer |
| <input type="checkbox"/> Teacher or office assistant | <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Video/electronic games/apps |
| <input type="checkbox"/> Going to media center | <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV/DVD/Movie |
| <input type="checkbox"/> Sensory activity (specify) _____ | <input type="checkbox"/> Extra PE time | <input type="checkbox"/> Objects (Specify) _____ |
| <input type="checkbox"/> Given leadership opportunities | <input type="checkbox"/> Extra free time | <input type="checkbox"/> Food (Specify) _____ |

Other(s): _____

Student _____ Responder _____ Behavior _____

Additional comments not addressed above in the *Reinforce Component*.

Step 2: PTR Functional Behavior Assessment/Secondary (One teacher)-Prevent Component

1a. Are there *times of the school day* when (problem behavior) is *most likely* to occur? If yes, what are they?

- | | | | | |
|---|----------------------------------|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Before first class | <input type="checkbox"/> Before | <input type="checkbox"/> During lunch | <input type="checkbox"/> After | <input type="checkbox"/> Arrival Time |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch | <input type="checkbox"/> Homeroom | <input type="checkbox"/> lunch | <input type="checkbox"/> Dismissal Time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Between | | | |
| | <input type="checkbox"/> Classes | | | |

Other: _____

1b. Are there *times of the school day* when (problem behavior) is *least likely* to occur? If yes, what are they?

- | | | | | |
|------------------------------------|----------------------------------|---------------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Before | <input type="checkbox"/> During lunch | <input type="checkbox"/> After | <input type="checkbox"/> Arrival |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> lunch | | <input type="checkbox"/> lunch | <input type="checkbox"/> Dismissal |
| | <input type="checkbox"/> Between | | | |
| | <input type="checkbox"/> classes | | | |

Other: _____

2a. Are there *specific activities or subjects* when (problem behavior) is *very likely* to occur? If yes, what are they?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Core subjects (specify)
_____ | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Large group | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group
work | <input type="checkbox"/> Work | <input type="checkbox"/> On the bus |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> At locker | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> Free time | <input type="checkbox"/> Peer or | <input type="checkbox"/> After school | <input type="checkbox"/> Between |
| <input type="checkbox"/> Extra-curricular | <input type="checkbox"/> cooperative | activities (specify)
_____ | classes/transitions
(specify) |
| <input type="checkbox"/> During announcements | work | <input type="checkbox"/> Electives
(specify)
_____ | _____ |

Other: _____

2b. Are there *specific activities or subjects* when (problem behavior) is *very unlikely* to occur? What are they?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Core subjects (specify)
_____ | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Large group | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group
work | <input type="checkbox"/> Work | <input type="checkbox"/> On the bus |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> At locker | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> Free time | <input type="checkbox"/> Peer or | <input type="checkbox"/> After school | <input type="checkbox"/> Between |
| <input type="checkbox"/> Extra-curricular | <input type="checkbox"/> cooperative | activities (specify)
_____ | classes/transitions
(specify) |
| <input type="checkbox"/> During announcements | work | <input type="checkbox"/> Electives
(specify)
_____ | _____ |

Other: _____

3a. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of (problem behavior)? If so, who are they?

- | | | |
|--|----------------|---|
| <input type="checkbox"/> Peers | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Other school staff | Specify: _____ | (Specify) _____ |
| | | <input type="checkbox"/> Other person (specify) _____ |

3b. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of (problem behavior) **not being** exhibited? If so, who are they?

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Peers | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member (Specify) _____ |
| <input type="checkbox"/> Other school staff | Specify: _____ | <input type="checkbox"/> Other person (specify) _____ |

4. Are there **specific circumstances** that are associated with a high likelihood of (problem behavior)?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Request to start work | <input type="checkbox"/> Task too difficult | <input type="checkbox"/> Transition | <input type="checkbox"/> Student is alone |
| <input type="checkbox"/> Telling student work is wrong | <input type="checkbox"/> Task too long | <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unstructured time |
| <input type="checkbox"/> Reprimanding or correcting | <input type="checkbox"/> Task is boring | <input type="checkbox"/> Removal of preferred item | <input type="checkbox"/> 'Down' time (no task specified) |
| <input type="checkbox"/> Told "no" | <input type="checkbox"/> Task is repetitive (same task daily) | <input type="checkbox"/> Start of non-preferred activity | <input type="checkbox"/> Teacher is attending to other students |
| <input type="checkbox"/> Seated near specific peer | <input type="checkbox"/> Novel task | | |
| <input type="checkbox"/> Peer teasing or comments | | | |
| <input type="checkbox"/> Change in schedule | | | |

Other: _____

If academic demands are associated with (problem behavior)s, does the student possess the skills to engage in the academic activity without assistance? _____

5. Are there **specific circumstances** in which (problem behavior) is **very unlikely to occur**? Please specify.

6. Are there conditions in the **physical environment** that are associated with a high likelihood of (problem behavior)? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions....

- Yes (specify) _____
- No

7. Are there circumstances *unrelated to the school setting* that occur on some days and not on other days that may make (problem behavior) more likely?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> No medication | <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Home conflict |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Change in medication | <input type="checkbox"/> Bus conflict | <input type="checkbox"/> Stayed with non-custodial parent |
| <input type="checkbox"/> Physical condition | <input type="checkbox"/> Hunger | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Conflict with parents |
| <input type="checkbox"/> Hormones or menstrual cycle | <input type="checkbox"/> Parties or social event | <input type="checkbox"/> Change in routine | <input type="checkbox"/> Conflict with friends |
| | <input type="checkbox"/> Change in diet | <input type="checkbox"/> Parent not home | |
| | | <input type="checkbox"/> Conflict with girlfriend or boyfriend | |

Other: _____

Additional comments not addressed above in the *Prevent Component*.

PTR Functional Behavior Assessment Secondary: Teach Component

1. Does the (*problem behavior*) seem to be exhibited in order to **gain attention from peers**?

___ Yes *List the specific peers:* _____

___ No

2. Does the (*problem behavior*) seem to be exhibited in order to **gain attention from adults**? If so, are there particular adults whose attention is solicited?

___ Yes *List the specific adults:* _____

___ No

3. Does the (*problem behavior*) seem to be exhibited in order to **obtain items or preferred activities** (games, electronics, materials, food) from peers or adults?

___ Yes *List the specific objects:* _____

___ No

4. Does the (*problem behavior*) seem to be exhibited in order to **avoid or delay a transition** from a preferred activity to a non-preferred activity?

___ Yes *List the specific transitions:* _____

___ No

5. Does the (*problem behavior*) seem to be exhibited in order to **avoid or delay** a non-preferred (difficult, boring, repetitive) task or activity?

___ Yes *List the specific non-preferred tasks or activities* _____

___ No

6. Does the (*problem behavior*) seem to be exhibited in order to **get away from** a non-preferred classmate or adult?

___ Yes *List the specific peers or adults* _____

___ No

5. What behaviors could the student be taught to do that would help meet academic goals? Select **3-5** behaviors that would academically enable the student to participate and meet academic goals.

<input type="checkbox"/> Study skills	<input type="checkbox"/> Homework completion	<input type="checkbox"/> Work productively (complete and turn in assignments)
<input type="checkbox"/> Socially engage (e.g., working cooperatively with peers, cooperate)	<input type="checkbox"/> Organizational strategies	<input type="checkbox"/> Time management
<input type="checkbox"/> Participate, persist, and be engaged	<input type="checkbox"/> Attend class	<input type="checkbox"/> Arrive to class on time
	<input type="checkbox"/> Self-regulation (controls temper, obeys rules, copes with stress)	

Student _____ Responder _____ Behavior _____

Additional comments not addressed above in the *Teach Component*.

PTR Functional Behavior Assessment Secondary: Reinforce Component

1. What **consequence(s)/responses of others** typically happen immediately after the student's **(problem behavior)**? Select the top 3-5 that adults and/or peers almost always do immediately after the problem behavior.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sent to time-out | <input type="checkbox"/> De-escalation (e.g., LSCI or other) | <input type="checkbox"/> Verbally reprimanded |
| <input type="checkbox"/> Sent to crisis room | <input type="checkbox"/> Sent to behavior specialist/counselor | <input type="checkbox"/> Verbally redirected |
| <input type="checkbox"/> Asked to put head down | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Stated rules |
| <input type="checkbox"/> Sent to office/ODR | <input type="checkbox"/> Allowed to delay activity | <input type="checkbox"/> Physically prompted |
| <input type="checkbox"/> ISS | <input type="checkbox"/> Changed the activity | <input type="checkbox"/> Peers react (laugh, make comments) |
| <input type="checkbox"/> OSS | <input type="checkbox"/> Ended the activity | <input type="checkbox"/> Physically restrained |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Calmed/soothed | <input type="checkbox"/> Removed reinforcers |
| | | <input type="checkbox"/> Natural consequences (Specify) _____ |

Other: _____

2. Does the student **enjoy praise** from teachers and other school staff? Does the student enjoy praise from some teachers more than others?

- Yes *List specific people* _____
 No

3. What is the likelihood of the student's **appropriate behavior** (e.g., on-task behavior; cooperation; successful performance) resulting in acknowledgment or praise from teachers or other school staff?

- Very likely Sometimes Seldom Never

4. What is the likelihood of the student's **(problem behavior)** resulting in acknowledgment (e.g., reprimands, corrections) from teachers or other school staff?

- Very likely Sometimes Seldom Never

5. What school-related items and activities are **most enjoyable** to the student? What items or activities could serve as special rewards?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social interaction with adults | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Doing art |
| <input type="checkbox"/> Social interaction with peers | <input type="checkbox"/> Being outside | <input type="checkbox"/> Using the computer |
| <input type="checkbox"/> Teacher or office assistant | <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Video/electronic games/apps |
| <input type="checkbox"/> Going to media center | <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV/DVD/Movie |
| <input type="checkbox"/> Sensory activity (specify) _____ | <input type="checkbox"/> Extra PE time | <input type="checkbox"/> Objects (Specify) _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Extra free time | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Given leadership opportunities | | <input type="checkbox"/> Food (Specify) _____ |
| | | <input type="checkbox"/> _____ |

Other(s): _____

Additional comments not addressed above in the **Reinforce Component**.

Step 2: PTR FBA/Student Version-Multiple Teachers-Prevent Component

1a. Are there *times of the (period/class/subject)* when you are **most likely** to do (problem behavior)? If yes, what are they?

- | | |
|--|---|
| <input type="checkbox"/> Upon entry into the class | <input type="checkbox"/> Last half of the class |
| <input type="checkbox"/> Beginning of the class | <input type="checkbox"/> End of class/Dismissal |
| <input type="checkbox"/> Midpoint of the class | |

Other: _____

1b. Are there *times of the (period/class/subject)* when you are **least likely** to do (problem behavior)? If yes, what are they?

- | | |
|--|---|
| <input type="checkbox"/> Upon entry into the class | <input type="checkbox"/> Last half of the class |
| <input type="checkbox"/> Beginning of the class | <input type="checkbox"/> End of class/Dismissal |
| <input type="checkbox"/> Midpoint of the class | |

Other: _____

2a. Are there *specific activities* within the class/subject when you are **most likely** to do (problem behavior)? If yes, what are they?

- | | | |
|---|---|---|
| <input type="checkbox"/> Large group Work | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group work | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Free time | <input type="checkbox"/> During announcements | <input type="checkbox"/> Peer or cooperative work |

Other: _____

2b. Are there *specific activities* within the class/subject when you are **least likely** to do ((problem behavior))? What are they?

- | | | |
|---|---|---|
| <input type="checkbox"/> Large group Work | <input type="checkbox"/> Writing tasks | <input type="checkbox"/> Hands-on tasks |
| <input type="checkbox"/> Independent work | <input type="checkbox"/> Small group work | <input type="checkbox"/> Discussions/Q&A |
| <input type="checkbox"/> One-on-one | <input type="checkbox"/> Computer | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Free time | <input type="checkbox"/> During announcements | <input type="checkbox"/> Peer or cooperative work |

Other: _____

3a. Are there *specific classmates or adults* who, when they are around you, result in you **more likely** doing ((problem behavior))? If so, who are they?

- | | | |
|--|----------------|---|
| <input type="checkbox"/> Classmate | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Other school staff | Specify: _____ | (Specify) _____ |
| | | <input type="checkbox"/> Other person (specify) |

3b. Are there *specific classmates or adults* who, when they are around, result in you **not doing** ((problem behavior))? If so, who are they?

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Classmate | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member (Specify) |
| <input type="checkbox"/> Other school staff | Specify: _____ | _____ |
| | | <input type="checkbox"/> Other person (specify) |

4. Are there *specific circumstances* that result in you being **more likely** to do the ((problem behavior))?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Asked to start work | <input type="checkbox"/> Work too difficult | <input type="checkbox"/> Between classes | <input type="checkbox"/> Alone time |
| <input type="checkbox"/> Being told work is wrong | <input type="checkbox"/> Work is too long | <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unstructured time |
| <input type="checkbox"/> Being reprimanded or corrected | <input type="checkbox"/> Work is boring | <input type="checkbox"/> Teacher takes away preferred item | <input type="checkbox"/> 'Down' time (no task specified) |
| <input type="checkbox"/> Told "no" | <input type="checkbox"/> Work is repetitive (same task daily) | <input type="checkbox"/> Start of non-preferred activity | <input type="checkbox"/> Teacher is attending to other students |
| <input type="checkbox"/> Seated near specific classmate | <input type="checkbox"/> New work | | |
| <input type="checkbox"/> Classmates teasing or making comments | <input type="checkbox"/> Between activities | | |
| <input type="checkbox"/> Schedule changed | | | |

Other: _____

If the ((problem behavior)) happens most often during academic time/work, do you think you are able to do the work being asked of you without help? Yes No (explain)

5. Are there *specific circumstances* that result in it being **very unlikely** that you do the ((problem behavior))? Please specify.

6. Are there conditions in the *physical environment* that make it **more likely** for you to do (problem behavior)? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions....

Yes (specify) _____

No

7. Are there things that are *unrelated to the school setting* that happen on some days but not on other days that may make (problem behavior) more likely?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> When ill | <input type="checkbox"/> Didn't take medication | <input type="checkbox"/> Drugs/alcohol | <input type="checkbox"/> Problems at home |
| <input type="checkbox"/> Days allergies are bad | <input type="checkbox"/> Changed medication | <input type="checkbox"/> Fight/argument on bus | <input type="checkbox"/> Stayed with non-custodial parent |
| <input type="checkbox"/> Hormonal or during menstrual cycle | <input type="checkbox"/> Hungry (missed meals) | <input type="checkbox"/> Fatigued | <input type="checkbox"/> Fight with parents |
| | <input type="checkbox"/> Went to a party | <input type="checkbox"/> Routine changed | <input type="checkbox"/> Fight with friends |
| | <input type="checkbox"/> Diet changed | <input type="checkbox"/> Parent not home | |
| | | <input type="checkbox"/> Fight with girlfriend | |
| | | or | |
| | | boyfriend | |

Other: _____

Additional comments not addressed above in the *Prevent Component*.

PTR Functional Behavior Assessment/Student: Teach Component

1. Does ((*problem behavior*)) get you **attention from classmates**?

___ Yes *List the specific classmates:* _____

___ No

2. Does ((*problem behavior*)) get you **attention from adults**?

___ Yes *List the specific adults:* _____

___ No

3. Does ((*problem behavior*)) get you **items or preferred activities** (games, electronics, materials, food) from classmates or adults?

___ Yes *List the specific objects or preferred activities:* _____

___ No

4. Does ((*problem behavior*)) get you to **avoid or delay a transition** from a preferred activity to a non-preferred activity?

___ Yes *List the specific transitions:* _____

___ No

5. Does ((*problem behavior*)) get you to **avoid or delay** a non-preferred (difficult, boring, repetitive) task or activity?

___ Yes *List the specific non-preferred tasks or activities* _____

___ No

6. Does ((*problem behavior*)) **get you away from** a non-preferred classmate or adult?

___ Yes *List the specific classmates or adults* _____

___ No

6. What **behaviors** could you do that would help you meet your academic and future goals? Select **3-5 behaviors** that would allow you to participate in class, make passing grades, and get credits toward graduation.

Study skills

Socially engage (e.g., working cooperatively with peers, cooperate)

Participate, persist, and be engaged

Study skills

Socially engage (e.g., working cooperatively with peers, cooperate)

Participate, persist, and be engaged

Study skills

Socially engage (e.g., working cooperatively with peers, cooperate)

Participate, persist, and be engaged

Others: _____

Student _____ Responder _____ Behavior _____

Additional comments not addressed above in the *Teach Component*.

PTR Functional Behavior Assessment/Student: Reinforce Component

1. What *typically happens* immediately after you do (*problem behavior*)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Sent to time-out | <input type="checkbox"/> De-escalation (e.g., LSCI or other) | <input type="checkbox"/> Verbally reprimanded |
| <input type="checkbox"/> Sent to crisis room | <input type="checkbox"/> Sent to behavior specialist/counselor | <input type="checkbox"/> Verbally redirected |
| <input type="checkbox"/> Asked to put head down | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Stated rules |
| <input type="checkbox"/> Sent to office/ODR | <input type="checkbox"/> Allowed to delay activity | <input type="checkbox"/> Physically prompted |
| <input type="checkbox"/> ISS | <input type="checkbox"/> Changed the activity | <input type="checkbox"/> Classmates react (laugh, make comments) |
| <input type="checkbox"/> OSS | <input type="checkbox"/> Ended the activity | <input type="checkbox"/> Physically restrained |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Calmed/soothed | <input type="checkbox"/> Removed reinforcers |
| | | <input type="checkbox"/> Natural consequences (Specify) _____ |

Other: _____

2. Do you *enjoy praise* from teachers and other school staff? Do you enjoy praise from some teachers more than others?

- Yes *List specific people* _____
- No

3. When you do *appropriate behavior* (e.g., on-task behavior; cooperation; successful performance), how likely is it that a teacher or someone in school praises or gives you a positive comment?

- Very likely Sometimes Seldom Never

4. When you (*problem behavior*), how likely is it that a teacher or someone in school responds to you (e.g., reprimands, corrections)?

- Very likely Sometimes Seldom Never

5. What school-related items and activities are *most enjoyable* to you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social interaction with adults | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Doing art |
| <input type="checkbox"/> Social interaction with classmates | <input type="checkbox"/> Being outside | <input type="checkbox"/> Using the computer |
| <input type="checkbox"/> Teacher or office assistant | <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Video/electronic games/apps |
| <input type="checkbox"/> Going to media center | <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV/DVD/Movie |
| <input type="checkbox"/> Sensory activity (specify) _____ | <input type="checkbox"/> Extra PE time | <input type="checkbox"/> Objects (Specify) _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Extra free time | <input type="checkbox"/> Food (Specify) _____ |
| <input type="checkbox"/> Given leadership opportunities | | _____ |

Other(s): _____

Additional comments not addressed above in the *Reinforce Component*.

Step 2: PTR Functional Behavior Assessment/Student Version (1 teacher)-Prevent Component

1a. Are there <i>times of the school day</i> when you are <i>most likely</i> to do ((problem behavior))? If yes, what are they?				
<input type="checkbox"/> Before first class	<input type="checkbox"/> Before lunch	<input type="checkbox"/> During lunch	<input type="checkbox"/> After lunch	<input type="checkbox"/> Arrival Time
<input type="checkbox"/> Morning		<input type="checkbox"/> Homeroom		<input type="checkbox"/> Dismissal Time
<input type="checkbox"/> Afternoon				
Other: _____				
1b. Are there <i>times of the school day</i> when you are <i>least likely</i> to do ((problem behavior))? If yes, what are they?				
<input type="checkbox"/> Morning	<input type="checkbox"/> Before lunch	<input type="checkbox"/> During lunch	<input type="checkbox"/> After lunch	<input type="checkbox"/> Arrival
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Between classes			<input type="checkbox"/> Dismissal
Other: _____				
2a. Are there <i>specific activities or subjects</i> when you are <i>most likely</i> to do ((problem behavior))? If yes, what are they?				
<input type="checkbox"/> Core subjects (specify) _____	<input type="checkbox"/> Writing tasks	<input type="checkbox"/> Large group	<input type="checkbox"/> Hands-on tasks	
<input type="checkbox"/> Independent work	<input type="checkbox"/> Small group work	<input type="checkbox"/> Work	<input type="checkbox"/> On the bus	
<input type="checkbox"/> One-on-one	<input type="checkbox"/> Computer	<input type="checkbox"/> At locker	<input type="checkbox"/> Discussions/Q&A	
<input type="checkbox"/> Free time	<input type="checkbox"/> Classmate or cooperative work	<input type="checkbox"/> After school activities (specify) _____	<input type="checkbox"/> Between classes/transitions (specify) _____	
<input type="checkbox"/> Extra-curricular		<input type="checkbox"/> Electives (specify) _____		
<input type="checkbox"/> During announcements				
Other: _____				
2b. Are there <i>specific activities or subjects</i> when you are <i>least likely</i> to do ((problem behavior))? What are they?				
<input type="checkbox"/> Core subjects (specify) _____	<input type="checkbox"/> Writing tasks	<input type="checkbox"/> Large group	<input type="checkbox"/> Hands-on tasks	
<input type="checkbox"/> Independent work	<input type="checkbox"/> Small group work	<input type="checkbox"/> Work	<input type="checkbox"/> On the bus	
<input type="checkbox"/> One-on-one	<input type="checkbox"/> Computer	<input type="checkbox"/> At locker	<input type="checkbox"/> Discussions/Q&A	
<input type="checkbox"/> Free time	<input type="checkbox"/> Classmate or cooperative work	<input type="checkbox"/> After school activities (specify) _____	<input type="checkbox"/> Between classes/transitions (specify) _____	
<input type="checkbox"/> Extra-curricular		<input type="checkbox"/> Electives (specify) _____		
<input type="checkbox"/> During announcements				
Other: _____				

3a. Are there **specific classmates or adults** who, when they are around you, result in you **more likely** doing ((problem behavior))? If so, who are they?

- | | | |
|--|----------------|---|
| <input type="checkbox"/> Classmate | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Other school staff | Specify: _____ | (Specify) _____ |
| | | <input type="checkbox"/> Other person (specify) _____ |

3b. Are there **specific classmates or adults** who, when they are around, result in you **not doing** ((problem behavior))? If so, who are they?

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Classmate | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member (Specify) _____ |
| <input type="checkbox"/> Other school staff | Specify: _____ | <input type="checkbox"/> Other person (specify) _____ |

4. Are there **specific circumstances** that result in you being **more likely** to do the ((problem behavior))?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Asked to start work | <input type="checkbox"/> Work too difficult | <input type="checkbox"/> Between classes | <input type="checkbox"/> Alone time |
| <input type="checkbox"/> Being told work is wrong | <input type="checkbox"/> Work is too long | <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unstructured time |
| <input type="checkbox"/> Being reprimanded or corrected | <input type="checkbox"/> Work is boring | <input type="checkbox"/> Teacher takes away preferred item | <input type="checkbox"/> 'Down' time (no task specified) |
| <input type="checkbox"/> Told "no" | <input type="checkbox"/> Work is repetitive (same task daily) | <input type="checkbox"/> Start of non-preferred activity | <input type="checkbox"/> Teacher is attending to other students |
| <input type="checkbox"/> Seated near specific classmate | <input type="checkbox"/> New work | | |
| <input type="checkbox"/> Classmates teasing or making comments | <input type="checkbox"/> Between activities | | |
| <input type="checkbox"/> Schedule changed | | | |

Other: _____

If the ((problem behavior)) happens most often during academic time/work, do you think you are able to do the work being asked of you without help? Yes No (explain) _____

5. Are there **specific circumstances** that result in it being **very unlikely** that you do the ((problem behavior))? Please specify.

6. Are there conditions in the **physical environment** that make it **more likely** for you to do ((problem behavior))? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions....

- Yes (specify) _____
- No

7. Are there things that are *unrelated to the school setting* that happen on some days but not on other days that may make ((problem behavior)) more likely?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> When ill | <input type="checkbox"/> Didn't take medication | <input type="checkbox"/> Drugs/alcohol | <input type="checkbox"/> Problems at home |
| <input type="checkbox"/> Days allergies are bad | <input type="checkbox"/> Changed medication | <input type="checkbox"/> Fight/argument on bus | <input type="checkbox"/> Stayed with non-custodial parent |
| <input type="checkbox"/> Hormonal or during menstrual cycle | <input type="checkbox"/> Hungry (missed meals) | <input type="checkbox"/> Fatigued | <input type="checkbox"/> Fight with parents |
| | <input type="checkbox"/> Went to a party | <input type="checkbox"/> Routine changed | <input type="checkbox"/> Fight with friends |
| | <input type="checkbox"/> Diet changed | <input type="checkbox"/> Parent not home | |
| | | <input type="checkbox"/> Fight with girlfriend or boyfriend | |

Other: _____

Additional comments not addressed above in the *Prevent Component*.

PTR Functional Behavior Assessment/Student: Teach Component

1. Does *((problem behavior))* get you *attention from classmates*?
___ Yes *List the specific classmates:* _____
___ No

2. Does *((problem behavior))* get you *attention from adults*?
___ Yes *List the specific adults:* _____
___ No

3. Does *((problem behavior))* get you *items or preferred activities* (games, electronics, materials, food) from classmates or adults?
___ Yes *List the specific objects or preferred activities:* _____
___ No

4. Does *((problem behavior))* get you to *avoid or delay a transition* from a preferred activity to a non-preferred activity?
___ Yes *List the specific transitions:* _____
___ No

5. Does *((problem behavior))* get you to *avoid or delay* a non-preferred (difficult, boring, repetitive) task or activity?
___ Yes *List the specific non-preferred tasks or activities* _____
___ No

6. Does *((problem behavior))* get you *away from* a non-preferred classmate or adult?
___ Yes *List the specific classmates or adults* _____
___ No

7. What **behaviors** could you do that would help you meet your academic and future goals? Select **3-5 behaviors** that would allow you to participate in class, make passing grades, and get credits toward graduation.

<input type="checkbox"/> Study skills	<input type="checkbox"/> Homework completion	<input type="checkbox"/> Work productively
<input type="checkbox"/> Socially engage (e.g., working cooperatively with peers, cooperate)	<input type="checkbox"/> Organizational strategies	(complete and turn in assignments)
<input type="checkbox"/> Participate, persist, and be engaged	<input type="checkbox"/> Attend class	<input type="checkbox"/> Time management
	<input type="checkbox"/> Self-regulation (controls temper, obeys rules, copes with stress)	<input type="checkbox"/> Arrive to class on time

Others: _____

PTR Functional Behavior Assessment/Student: Reinforce Component

1. What **typically happens** immediately after you do (*problem behavior*)?

- | | | |
|---|--|--|
| <input type="checkbox"/> Sent to time-out | <input type="checkbox"/> De-escalation (e.g., LSCI or other) | <input type="checkbox"/> Verbally reprimanded |
| <input type="checkbox"/> Sent to crisis room | <input type="checkbox"/> Sent to behavior specialist/counselor | <input type="checkbox"/> Verbally redirected |
| <input type="checkbox"/> Asked to put head down | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Stated rules |
| <input type="checkbox"/> Sent to office/ODR | <input type="checkbox"/> Allowed to delay activity | <input type="checkbox"/> Physically prompted |
| <input type="checkbox"/> ISS | <input type="checkbox"/> Changed the activity | <input type="checkbox"/> Classmates react (laugh, make comments) |
| <input type="checkbox"/> OSS | <input type="checkbox"/> Ended the activity | <input type="checkbox"/> Physically restrained |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Calmed/soothed | <input type="checkbox"/> Removed reinforcers |
| | | <input type="checkbox"/> Natural consequences (Specify) _____ |

Other: _____

2. Do you **enjoy praise** from teachers and other school staff? Do you enjoy praise from some teachers more than others?

- Yes *List specific people* _____
- No

3. When you do **appropriate behavior** (e.g., on-task behavior; cooperation; successful performance), how likely is it that a teacher or someone in school praises or gives you a positive comment?

- Very likely Sometimes Seldom Never

4. When you (*problem behavior*), how likely is it that a teacher or someone in school responds to you (e.g., reprimands, corrections)?

- Very likely Sometimes Seldom Never

5. What school-related items and activities are **most enjoyable** to you?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social interaction with adults | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Doing art |
| <input type="checkbox"/> Social interaction with classmates | <input type="checkbox"/> Being outside | <input type="checkbox"/> Using the computer |
| <input type="checkbox"/> Teacher or office assistant | <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Video/electronic games/apps |
| <input type="checkbox"/> Going to media center | <input type="checkbox"/> Reading | <input type="checkbox"/> Watching TV/DVD/Movie |
| <input type="checkbox"/> Sensory activity (specify) _____ | <input type="checkbox"/> Extra PE time | <input type="checkbox"/> Objects (Specify) _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Extra free time | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Given leadership opportunities | | <input type="checkbox"/> Food (Specify) _____ |
| | | <input type="checkbox"/> _____ |

Other(s): _____

Additional comments not addressed above in the **Reinforce Component**.

Step 2: PTR Functional Behavior Assessment Summary Table: “Cheat Sheet”

Student: _____ **School:** _____ **Date:** _____

	Behavior	Prevent (Antecedent) Data	Function (Teach) Data	Consequences (Reinforce) Data
Problem behavior	Name of problem behavior	Include information from the Prevent component of the PTR assessment (items #1a, 2a, 3a, 4, 5, 6)	Include information from the Teach component of the PTR assessment (items #1 through #6)	Include information from the Reinforce component of the PTR assessment (items #1 & 4)
Appropriate behavior	Name of pro-social or replacement behavior	Include information from the Prevent component of the PTR assessment (items #1b, 2b, 3b)	Include information from the IBRST or other sources that provide the replacement behaviors; (if student PTR used, items #7, 8, 9).	Include information from the Reinforce component of the PTR assessment (items #2, 3, & 5)

Possible Hypotheses			
	When....	He/she will.....	As a result, he/she
Problem Behavior	Include the relevant data from the problem behavior prevent data above	Behavior being evaluated	Function (from problem behavior teach data)
Replacement Behavior	Copy what you have in the row above (problem behavior when)	Write in the new behavior/skill or, replacement behavior	Copy what you have in the row above (problem behavior function).

Step 2: PTR Functional Behavior Assessment Summary Table

Student: _____ School: _____ Date: _____

	Behavior	Antecedent (Prevent Data)	Function (Teach) Data	Consequences (Reinforce) Data
Problem behavior				
Appropriate behavior				

Possible Hypotheses			
	When....	He/she will.....	As a result, he/she
Problem Behavior			
Replacement Behavior			

Step 3: PTR Interventions Checklist-SECONDARY Version

Student: _____ School: _____ Date: _____ Behavior: _____ Completed by: _____

Hypothesis: _____

Prevention Interventions	Teaching Interventions <i>(behaviors that will help meet academic goals)</i>	Reinforcement Interventions
<input type="checkbox"/> Providing Choices	**Replacement Behavior <input type="checkbox"/> Functional Equivalent <input type="checkbox"/> Alternate skill (desired)	**Reinforce Replacement Behavior <input type="checkbox"/> ** Function _____ <input type="checkbox"/> Additional _____
<input type="checkbox"/> Transition Interventions/Planning	<input type="checkbox"/> Study Skills/Test-taking Strategies	<input type="checkbox"/> **Discontinue Reinforcement of Problem Behavior
<input type="checkbox"/> Visual Cues/Tools	<input type="checkbox"/> Social Problem Solving Strategies	
<input type="checkbox"/> Curricular/Assignment Modification/Flexibility	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Opportunities to Respond	<input type="checkbox"/> Cognitive Behavior Therapy	
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Learning Strategy Instruction	
<input type="checkbox"/> Setting Event Modification	<input type="checkbox"/> Self-Management	
<input type="checkbox"/> Increase Non-Contingent Reinforcement	<input type="checkbox"/> Basic Academic Skills	
<input type="checkbox"/> Peer Support/Cooperative Grouping Activities	<input type="checkbox"/> Specific Social Skills Training	
Does the severity or intensity of the student's problem behavior pose a threat to self or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a safety plan needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

****All asterisked interventions need to be selected and included in the student's PTR Intervention Plan**

Step 3: PTR Interventions Checklist-SECONDARY Version-Student

Student: _____ **School:** _____ **Date:** _____ **Behavior:** _____ **Completed by:** _____

Directions: Under each category, check 2-4 interventions you think would work and would be okay with you to try.

Prevention Interventions	Teaching Interventions (behaviors that will help you reach your goals)	Reinforcement Interventions
<input type="checkbox"/> Given Choices	**Replacement Behavior <input type="checkbox"/> _____	**Reinforce Replacement Behavior <input type="checkbox"/> Escape, avoid, delay <input type="checkbox"/> Get attention, specific activity/item
<input type="checkbox"/> Helping with transitions between classes/activities	<input type="checkbox"/> Study Skills/Test-taking Strategies	<input type="checkbox"/> **Having the teacher not let me escape or get attention for my problem behavior
<input type="checkbox"/> Visual reminders/checklists	<input type="checkbox"/> Social Problem Solving Strategies	
<input type="checkbox"/> Change tasks/activities to make less difficult, more interesting	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Get More Opportunities to Respond and Get Positive Comments	<input type="checkbox"/> Cognitive Behavior Therapy	
<input type="checkbox"/> Whole Classroom Management Plan	<input type="checkbox"/> Learning Strategy Instruction	
<input type="checkbox"/> Interventions that address the days that I come to school angry/unhappy because of things that have happened at home or with friends	<input type="checkbox"/> Self-Management	
<input type="checkbox"/> Have more positive comments from your teacher(s)	<input type="checkbox"/> Basic Academic Skills	
<input type="checkbox"/> Classmate Support/Cooperative Grouping Activities	<input type="checkbox"/> Specific Social Skills Training	
When you do (<u>problem behavior</u>) can it hurt you or others (teachers, classmates)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need a safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Step 3: Intervention Scoring Table—Secondary

Directions:

1. Gather all completed PTR Intervention Checklists (Teacher(s), student)
2. List the interventions selected number 1 in each category by each team member.
3. List the intervention selected number 2 in each category by each team member and so on until all interventions are listed.
4. Review the interventions ranked by the primary/core teacher and the student.
5. Highlight/mark the highest ranked intervention that is on both the teacher's and the student's list (i.e., in common with both).
6. Determine if the intervention selected is linked with the hypothesis.
7. As a team, discuss the interventions in agreement with the teacher and the student and come to a consensus.

Develop the strategy into a task analyzed sequence of steps.

Step 3: Intervention Scoring Table

Student: _____ School: _____ Date: _____ Completed by: _____

Hypothesis: _____

Prevent	Rank	Teach	Rank	Reinforce	Rank
1.		1. Replacement behavior <input type="checkbox"/> Functional Equivalent <input type="checkbox"/> Alternate Skill		1. Reinforce replacement behavior <input type="checkbox"/> Functional <input type="checkbox"/> Additional	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.	-	6.		6.	
7.		7.		7.	

A replacement behavior must be included in the student’s behavior intervention plan.

Step 3: Behavior Intervention Plan

Hypothesis:

PREVENT Interventions

Intervention Strategy	Description and Steps	Comments

TEACH Interventions

Intervention Strategy	Description and Steps	Comments

REINFORCE Intervention

Intervention Strategy	Description and Steps	Comments

Step 3: Coaching/Training Checklist

Directions for developing the form:

1. Select an intervention and write its name under the appropriate category (e.g., Prevent, Teach, Reinforce).
2. As a team, use the specific, step-by-step behavior intervention plan to identify the core adult behaviors that would be observed during implementation of the intervention. Write one step in each line under the correct category (e.g., Prevent, Teach, Reinforce).
3. Repeat steps 1 & 2 for the remaining interventions.

Directions for completing the form:

1. Conduct training during a time when students are not present.
2. As a team, discuss the steps of implementation
3. Next, select methods that will be used to have teachers practice each step (e.g., discussion, Q & A, role play).
4. Circle the Y if the teacher/person implementing the plan correctly implements step(s).
5. Circle the N if the teacher/person implementing the plan does not correctly implement step(s).
6. Calculate the percent score.
7. If the percent score is less than 100%, the team should discuss if further training is needed or develop a plan to ensure the weak steps are addressed during technical assistance.

Step 3: Coaching/Intervention Training Checklist

Student: _____

Name of person(s) implementing intervention: _____

Date of Training: _____

Core Adult Behavior Components of Intervention	Did the implementer complete the step?	
PREVENT Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
TEACH Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
REINFORCE Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
TOTAL (# Yes / # Total)		
Percent Score		

Step 3: PTR Plan Assessment (Fidelity)—Example

Teacher: _____ Student: _____ Date: _____ Observation Self-Assessment

Interventions	Implemented	Impact (1 = no impact; 5 = great impact)
PREVENT		
<u>Transition Supports—visual checklist</u> <ul style="list-style-type: none"> • Visual checklist provided to Isaiah • Choice of reinforcement presented and described on checklist 	Y / N / NA Y / N / NA	1 2 3 4 5
TEACH		
<u>Replacement behavior—academic engagement</u> <ul style="list-style-type: none"> • Checklist reviewed during study skills class • Goal set • Gave 1 minute at end of class for Isaiah to self-assess • Reviewed Isaiah’s self-assessment and gave feedback 	Y / N / NA Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
<u>Replacement behavior—escape by asking to be excused</u> <ul style="list-style-type: none"> • Prior to non-preferred activity, provided a verbal prompt/cue to remind Isaiah that he can ask to be excused. 	Y / N / NA	1 2 3 4 5
REINFORCE		
<u>Reinforce academic engagement</u> <ul style="list-style-type: none"> • Presented choice reinforcement menu to Isaiah when goal met • Provided verbal praise • Provided reinforcement for surpassing goal 	Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
<u>Reinforce asking to be excused</u> <ul style="list-style-type: none"> • Provide 1 minute break each time Isaiah asks to be excused 	Y / N / NA	1 2 3 4 5
<u>Discontinue reinforcement of problem behavior</u> <ul style="list-style-type: none"> • Got Isaiah’s attention and used agreed upon signal when Isaiah stops • Waited for Isaiah’s attending response • Tapped activity on teacher copy of checklist to remind Isaiah to be engaged • Sidebar in hallway if Isaiah stops again 	Y / N / NA Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
Behavior Plan Assessment Implementation: Total # of Y/Y + N total		

Step 3: PTR Plan Assessment (Fidelity)

Teacher:

Student:

Date:

Observation

Self-Assessment

Interventions	Implemented	Did it have the desired impact on behavior? (1 = no impact; 2 = some impact; 3 = great impact)
PREVENT		
<u>Prevention Intervention (Name)</u>	Y / N / NA	1 2 3
TEACH		
<u>Replacement behavior</u>	Y / N / NA	1 2 3
REINFORCE		
<u>Reinforce replacement behavior</u>	Y / N / NA	1 2 3
Behavior Plan Assessment: Y/Y + N total		

PTR-SEC Implementation Fidelity

Teacher Code: ____ Student Code: ____ Observation Date: ____ Observer: ____

Adherence Scoring:

NA = Not applicable NO = Not observed 0 = Not completed/error 1 = Minimally completed 2 = Mostly completed
3 = Full adherence

Student Responsiveness:

0 = Negative response; 1 = No or neutral response; 2 = Some response-positive; 3 = Mostly positive response

Interventions	Adherence Score	Student Responsiveness
PREVENT		
<u>Name of intervention strategy</u>		
1. Educator implemented the intervention during the time/routine specified in the BIP.	0 1 2 3 NA NO	0 1 2 3 4
2. Educator implemented antecedent strategies as outlined in the BIP	0 1 2 3 NA NO	0 1 2 3 4
TEACH		
<u>Name of intervention strategy</u>		
1. Educator implemented the intervention during the time/routine specified in the BIP	0 1 2 3 NA NO	0 1 2 3 4
2. The stimulus prompt was present in the environment/provided to the student when necessary.	0 1 2 3 NA NO	0 1 2 3 4
3. Educator provided the necessary prompt level, as outlined in the BIP	0 1 2 3 NA NO	0 1 2 3 4
4. Educator provided the student with specific opportunities to use replacement skill/behavior	0 1 2 3 NA NO	0 1 2 3 4
REINFORCE		
<u>Name of intervention strategy</u>		
1. Educator delivered the reinforcement during the time/routine specified in the BIP	0 1 2 3 NA NO	0 1 2 3 4
2. Educator provided the reinforcement as outlined in the BIP.	0 1 2 3 NA NO	0 1 2 3 4
3. Educator responded to the problem behavior as outlined in the BIP.	0 1 2 3 NA NO	0 1 2 3 4
Adherence and Responsiveness Fidelity Scores: Total Points Earned/Total Points Possible = %		

Quality Scoring:

0 = Seldom (<25% of session) 1 = Sometimes (25-50%) 2 = Often (51%-75%) 3 = Always >76%

Provide ratings across the following quality domains (how the educator delivers the interventions) based on the observation session as a whole.

Quality Component	Quality Score
1. <u>Rapport & Engagement</u> Educator was responsive to the student (active listening, maintain eye contact); interacted in a positive manner (smiled; positive affect; high ratio of positive to negative statements; higher ratio of comments to demands, unless contra-indicated by BIP)	0 1 2 3
2. <u>Communication</u> Educator used even tone and volume, positive language (even when redirecting), clear & specific language and effective non-verbal behavior when interacting with student and implementing intervention procedures.	0 1 2 3
3. <u>Global Delivery</u> Educator overall delivery of the intervention components was implemented as outlined, did not make errors of commission, level of engagement with the intervention, and level of student engagement in response.	0 1 2 3
Quality Fidelity Score: Total Points Earned/Total Points Possible = %	

PTR Implementation Reflection Form

Implementer's Name:

Student Name:

Date(s) Plan Implemented:

<p>Over the past week, the parts of the PTR plan that I think I implemented well are:</p> 			
<p>Over the past week, the most difficult parts of the PTR plan to implement were:</p> 			
<p>Overall, in the past week, the extent that I believe I implemented the PTR plan as intended is (<i>circle one</i>):</p>			
0 Not at all	1 Minimally	2 Mostly	3 Fully
<p>Overall, in the past week, the extent that I believe the PTR plan had a positive impact on student behavior is (<i>circle one</i>):</p>			
0 No effect	1 Minimal effect	2 Some effect	3 Significant effect

DECISION-MAKING FLOW CHART

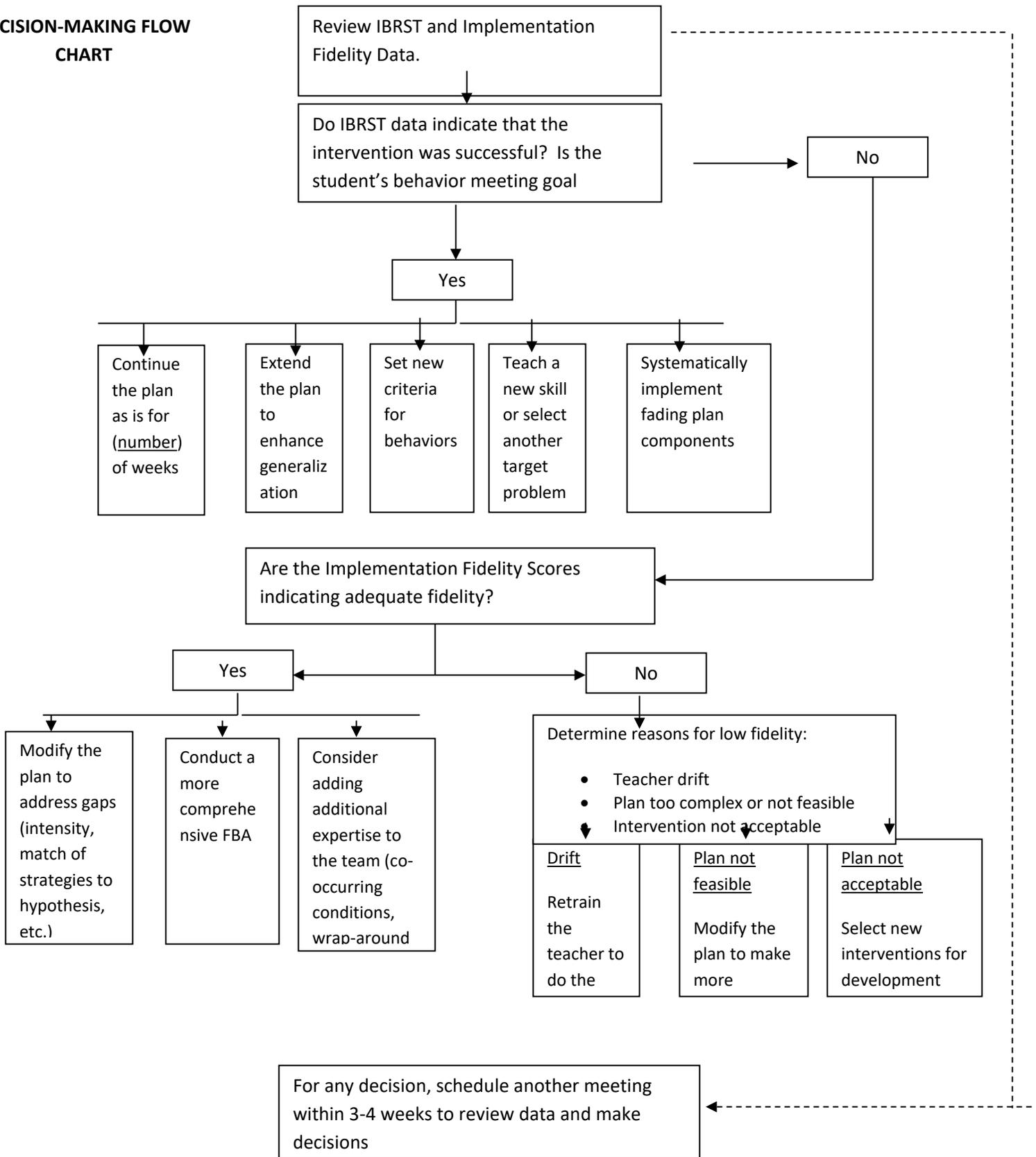


Figure 6.1. Decision-making tree for reviewing PTR data

Step 4: Monitoring/Follow-Up

Set a date for follow-up meeting (within 3 weeks) to evaluate effectiveness of behavior intervention plan

Date and time		
Data-Based Decision Making Points		
1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below.	YES	NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____	YES	NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:		
(a) Give the plan more time Date of next follow-up meeting (no more than 3 weeks) _____		
(b) Modify the plan Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____		
(c) Conduct a more comprehensive FBA Team/facilitator conducting FBA: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____		
4. NO, intervention not successful: NO, plan was NOT implemented as intended.		
(a) Retrain the teacher (b) Modify the plan to make more feasible a. Date of meeting to develop modified plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____		
(c) Select new interventions that are more acceptable and match the hypothesis a. Date of meeting to develop new plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____		
5. YES, intervention effective and YES, plan implemented as intended.		
(a) Extend the plan by implementing in another problematic routine or with other people (b) Establish new goal/increase criterion (c) Teach a new skill (d) Fade out parts of the plan (e) Other (specify) _____		
Date and time 2nd follow-up meeting		

1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below	YES NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____	YES NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:	
<p>(a) Give the plan more time Date of next follow-up meeting (no more than 3 weeks) _____</p> <p>(b) Modify the plan Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____</p> <p>(c) Conduct a more comprehensive FBA Team/facilitator conducting FBA: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____</p>	
4. NO, intervention not successful: NO, plan was NOT implemented as intended. Determine next step.	
<p>(a) Retrain the teacher</p> <p>(b) Modify the plan to make more feasible a. Date of meeting to develop modified plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____</p> <p>(c) Select new interventions that are more acceptable and match the hypothesis a. Date of meeting to develop new plan _____ Date of next follow-up meeting (no more than 3 weeks) _____</p>	
5. YES, intervention effective and YES, plan implemented as intended. Determine next step.	
<p>(a) Extend the plan by implementing in another problematic routine or with other people</p> <p>(b) Establish new goal/increase criterion</p> <p>(c) Teach a new skill</p> <p>(d) Fade out parts of the plan</p> <p>Other (specify) _____</p>	

Optional Forms

Teacher/Consultant Alliance Scale

Name:

School:

Date:

Role: Teacher Consultant (circle one)

Teacher/Consultant with whom you have been working:

Directions: Circle the appropriate descriptor that best represents your experience with the teacher or consultant with whom you have been working.

1 = Never 2 = Seldom 3 = Sometimes 4 = Other 5 = Always

- | | | | | | |
|--|---|---|---|---|---|
| 1. The teacher/consultant and I agree on the most important goals for intervention. | 1 | 2 | 3 | 4 | 5 |
| 2. I feel confident of the teacher/consultant's ability to help the situation. | 1 | 2 | 3 | 4 | 5 |
| 3. The teacher/consultant communicates effectively. | 1 | 2 | 3 | 4 | 5 |
| 4. The teacher/consultant and I trust one another. | 1 | 2 | 3 | 4 | 5 |
| 5. The teacher/consultant is approachable. | 1 | 2 | 3 | 4 | 5 |
| 6. The teacher/consultant and I are working together collaboratively to improve the situation. | 1 | 2 | 3 | 4 | 5 |
| 7. I feel satisfied with the utility and practicality of the suggestions and ideas provided by the teacher/consultant. | 1 | 2 | 3 | 4 | 5 |
| 8. The teacher/consultant followed through with commitments and responsibilities. | 1 | 2 | 3 | 4 | 5 |
| 9. Overall, the teacher/consultant has shown a sincere desire to understand and improve the situation. | 1 | 2 | 3 | 4 | 5 |
| 10. The time spent working with the teacher/consultant was effective and productive. | 1 | 2 | 3 | 4 | 5 |

PTR Classroom Team Survey

School: _____ **Student:** _____

Complete this survey if the team meets on a regular basis for planning purposes.

1. Our team meets for planning purposes:

Rarely	Monthly	Bimonthly	Weekly	Daily
0	1	2	3	4

2. Our team plans daily classroom activities collaboratively:

Rarely	Occasionally	Frequently	Usually	Almost Always
0	1	2	3	4

3. Our team plans collaboratively around implementing IEP objectives and making adaptations and modifications for children in the classroom:

Rarely	Occasionally	Frequently	Usually	Almost Always
0	1	2	3	4

4. Our team communicates well and problem solves collaboratively:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4

5. We interact and work with children across developmental domains and disciplines:

Rarely	Occasionally	Frequently	Usually	Almost Always
0	1	2	3	4

6. Professional roles and responsibilities are shared across team members members:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4

7. Parents play an active role on their child's team regarding the identification of goals, supports and services, modifications and adaptations.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4

8. Our team has access to additional resources (e.g., technology, personnel, classroom materials, etc.) to help us work with children in the classroom.

None	Limited	Adequate	Good	Excellent
0	1	2	3	4

Please answer the following questions:

1. List some strengths of the Team.
2. What challenges face the Team?
3. What are the most pressing needs of the team?
4. What might help to enhance the team's productivity?

PTR Teacher Work Style Survey

Directions: Circle the number that indicates your level of agreement / disagreement with each statement.

	Disagree			Agree		
	1	2	3	4	5	
1. I supervise paraeducators closely.....	1	2	3	4	5	N/A
2. I prefer a flexible work schedule.	1	2	3	4	5	N/A
3. I let paraeducators know exactly what is expected.	1	2	3	4	5	N/A
4. I provide (or at least determine) all the materials that will be used.....	1	2	3	4	5	N/A
5. I provide a written work schedule.....	1	2	3	4	5	N/A
6. I expect the paraeducator to think ahead to the next task.	1	2	3	4	5	N/A
7. I determine the instructional methods that will be used	1	2	3	4	5	N/A
8. I encourage the paraeducator to try new activities independently.	1	2	3	4	5	N/A
9. I give explicit directions for each task	1	2	3	4	5	N/A
10. I always do several things at one time.	1	2	3	4	5	N/A
11. I like working with paraeducators that willingly take on new challenges... 1	2	3	4	5	N/A	
12. I like taking care of details.....	1	2	3	4	5	N/A
13. I require the paraeducator to be punctual.....	1	2	3	4	5	N/A
14. I like to get feedback on how I can improve as a supervisor	1	2	3	4	5	N/A
15. I like to bring problems out in the open	1	2	3	4	5	N/A
16. I like to give frequent performance feedback to the paraeducator.....	1	2	3	4	5	N/A
17. I like to discuss activities that do not go well	1	2	3	4	5	N/A
18. I like working with other adults	1	2	3	4	5	N/A
19. I encourage paraeducators to think for themselves.....	1	2	3	4	5	N/A
20. I am a morning person	1	2	3	4	5	N/A
21. I speak slowly and softly.....	1	2	3	4	5	N/A
22. I work best alone with little immediate interaction	1	2	3	4	5	N/A
23. I need a quiet place to work without distractions	1	2	3	4	5	N/A
24. I prefer that no one else touches my things.....	1	2	3	4	5	N/A
25. I prefer to work from a written plan.....	1	2	3	4	5	N/A

PTR Paraeducator Work Style Survey

Directions: Circle the number that indicates your level of agreement / disagreement with each statement.

	Disagree			Agree		
	1	2	3	4	5	
1. I like to be supervised closely.....	1	2	3	4	5	N/A
2. I prefer a flexible work schedule.....	1	2	3	4	5	N/A
3. I like to know exactly what is expected.....	1	2	3	4	5	N/A
4. I prefer to decide which materials to use	1	2	3	4	5	N/A
5. I like having a written work schedule	1	2	3	4	5	N/A
6. I need time to think ahead on the next task.....	1	2	3	4	5	N/A
7. I like to determine the instructional methods I use.....	1	2	3	4	5	N/A
8. I like to try new activities independently.....	1	2	3	4	5	N/A
9. I like to be told how to do each task	1	2	3	4	5	N/A
10. I like to do several things at one time.	1	2	3	4	5	N/A
11. I like to take on challenges and new situations.....	1	2	3	4	5	N/A
12. I like taking care of details.....	1	2	3	4	5	N/A
13. I like to be very punctual	1	2	3	4	5	N/A
14. I like to give feedback on how I prefer to be supervised.....	1	2	3	4	5	N/A
15. I like to bring problems out in the open.....	1	2	3	4	5	N/A
16. I like to get frequent feedback on my performance	1	2	3	4	5	N/A
17. I like to discuss when activities do not go well	1	2	3	4	5	N/A
18. I like working with other adults	1	2	3	4	5	N/A
19. I like to think things through for myself.....	1	2	3	4	5	N/A
20. I am a morning person	1	2	3	4	5	N/A
21. I like to speak slowly and softly	1	2	3	4	5	N/A
22. I like to work alone with little immediate interaction.....	1	2	3	4	5	N/A
23. I need a quiet place to work without distractions	1	2	3	4	5	N/A
24. I prefer that no one else touches my things.....	1	2	3	4	5	N/A
25. I prefer to work from a written plan.....	1	2	3	4	5	N/A

PTR Work Style Score Comparison Sheet

Directions: Transfer scores from the Teacher and Paraeducator Work style forms to this form. Look for areas of agreement and disagreement. However, there are no 'right' or 'wrong' responses. Determine areas of concern and solutions in light of the areas of agreement and disagreement.

Paraeducator						Item Content	Teacher					
Disagree		Agree					Disagree		Agree			
1	2	3	4	5	N/A		1	2	3	4	5	N/A
1	2	3	4	5	N/A	1. Closeness of supervision.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	2. Flexibility of work schedule.	1	2	3	4	5	N/A
1	2	3	4	5	N/A	3. Preciseness of expectations.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	4. Decisions on materials to use.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	5. Written work schedule	1	2	3	4	5	N/A
1	2	3	4	5	N/A	6. Time to think ahead.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	7. Decisions on instructional methods	1	2	3	4	5	N/A
1	2	3	4	5	N/A	8. Trying new activities independently.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	9. Specifying how to do each task.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	10. Doing several things at one time.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	11. Taking on challenges	1	2	3	4	5	N/A
1	2	3	4	5	N/A	12. Taking care of details.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	13. Punctuality	1	2	3	4	5	N/A
1	2	3	4	5	N/A	14. Giving/getting feedback on supervision ..	1	2	3	4	5	N/A
1	2	3	4	5	N/A	15. Dealing with problems out in the open	1	2	3	4	5	N/A
1	2	3	4	5	N/A	16. Giving/getting feedback.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	17. Discussing activities that do not go well..	1	2	3	4	5	N/A
1	2	3	4	5	N/A	18. Working with other adults.....	1	2	3	4	5	N/A
1	2	3	4	5	N/A	19. Thinking things through for myself	1	2	3	4	5	N/A
1	2	3	4	5	N/A	20. Morning person	1	2	3	4	5	N/A
1	2	3	4	5	N/A	21. Speak slowly and softly	1	2	3	4	5	N/A
1	2	3	4	5	N/A	22. Working alone - little interaction	1	2	3	4	5	N/A
1	2	3	4	5	N/A	23. Quiet place to work/no distractions	1	2	3	4	5	N/A
1	2	3	4	5	N/A	24. Touching others' things	1	2	3	4	5	N/A
1	2	3	4	5	N/A	25. Working from a written plan.....	1	2	3	4	5	N/A

Functional Behavior Assessment and Behavior Intervention Plan Template

Student Name:

Date of Birth:

School/District:

Age:

Date(s) of Evaluation:

Evaluators:

Date of Report:

Referral Question:

Functional Behavior Assessment Methods

<u>Method</u>	<u>Date</u>
Interview (who)	
Record Review	
Problem-Solving Meeting (Brief FBA)	
Direct Observations	
Rating Scale	
Other	

Team Members:

(name and role)

Broad Goals Identified for (student name) by Team:

Specific Target Behaviors:

Behaviors to be decreased: (list each behavior in order of priority and the operational definition)

Behaviors to be increased: (list each potential replacement behavior in order of priority and the operational definition)

Baseline Data on Target Behaviors:

(Sources, summary—can have graph. If we set up a Behavior Rating Scale, we would attach it to the report)

Functional Behavior Assessment Summary: *(each target problem behavior would have a row in which the FBA information is summarized. If there are more than 2 problem behaviors, rows would need to be added).*

	Target Behavior(s)	Prevent/Most likely (Antecedent) Data	Teach (Function) Data Purpose of Behavior	Reinforce (Consequence) Data: What do others do after the behavior?
Problem behavior		When: Who: Activities/routines: Specific Circumstances: Setting Events (if applicable)		
Problem behavior		When: Who: Activities/routines: Specific Circumstances: Setting Events (if applicable)		

Absence of problem behavior		<p>Least Likely</p> <p>When:</p> <p>Who:</p> <p>Activities/routines:</p> <p>Specific Circumstances:</p> <p>Setting Events (if applicable)</p>		
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Other comments/patterns:

Hypothesis Statements: *(A hypothesis statement should be listed for each target behavior unless they have the same antecedents and functions. Some target behaviors may need 2 or more hypotheses if there are different functions aligned with different contexts/antecedent events)*

Possible Hypotheses			
	When....	He/she will....	As a result, he/she
Problem Behavior			
Replacement Behavior			

Additional Comments:

Function-Based Behavior Support Plan (for each hypothesis, a complete intervention plan may be developed)

Hypothesis:

PREVENT Interventions (modifies the WHEN in the hypothesis)		
Intervention Strategy	Steps/Task Analysis of Intervention Strategy	Comments

TEACH Interventions (teaches a new skill (communicative replacement and/or physically incompatible) to replace the problem behavior.

Intervention Strategy	Steps/Task Analysis of Intervention Strategy	Comments
<u>Replacement Behavior to be taught:</u>		

Consideration of Safety Plan

Is/Are the behavior(s) dangerous and has/have, or is likely to cause harm to the student and to others? No Yes (*If multiple behaviors were the focus of the FBA, list the behavior(s) that is/are harmful.*)

If yes, describe the safety plan in detail.

Implementation Plan:

Progress Monitoring Data (*how will behavior be monitored? Who will take the data and how often? On what date will we meet to follow up? If we set up an IBRST, it can be attached.*)

Teacher Support

Coaching (*When will the teacher be coached? Who will do the coaching?*)

Behavior Plan Assessment/Fidelity

(How will fidelity be measured? Self-Assessment, Observation; Combination? How often will fidelity be measured?)

PREVENT	Implemented	Impact
<u>(name of strategy)</u>	Y / N / NA	1 2 3 4 5
TEACH		
<u>Replacement behavior</u>	Y / N / NA	1 2 3 4 5
REINFORCE		
<u>Reinforce replacement behavior</u>	Y / N / NA	1 2 3 4 5
Behavior Plan Assessment: Y/Y + N total		