

BEHAVIOR PLAN / PACKET REQUIREMENTS

Member Name: _____ Date: _____

	In Plan?			Page No.
	Yes	No	N/A	
A. Contact Sheet				
B. Team Agreement Form				
C. Personal Information Form				
D. Current Status (achievements, living arrangement, basic health, brief behavioral status) DD/ Behavioral Health Diagnosis				
E. Rationale/ History – Documentation of the existence and/or history of any interfering behavior, including significant life events (in chronological order)				
F. Function of the Target Behavior(s)				
Methodology				
G. Additional components of the Behavior Plan:				
1. Alternate /replacement behaviors to be increased				
2. Teaching objective developed by the ISP team with measurable criteria				
3. Specific teaching strategies and reinforcement procedures				
4. The specific target behaviors to be decreased				
5. Onset and Offset of Target Behaviors				
6. Antecedent conditions and the strategies to intervene				
7. Precursor behaviors and strategies to intervene				
8. Reactive strategies should the target behavior occur				
9. A title of person who will be monitoring the plan				
H. If restrictive plan is proposed, description of less restrictive methods have been used (if unsuccessful; why?); restriction imposed by (Include Prescription and Protocol for devices / restrictions)?				
I. Title of person responsible for training the plan				
J. Data				
1. Clear graphic data on the positive teaching objective and monthly numbers of each target behavior occurrence from the residential setting (Label significant events medication changes) (Sleep data when applicable).				
2. Clear graphic data on the positive teaching objective and monthly numbers of each target behavior occurrence from the day treatment/GSE/other day site (Label significant events /medication changes).				
3. Baseline Data (if new member)				
K. Responsible Party Signature				
L. Emergency / Crisis Plan				
M. Most Current Medication Review				
N. List of one year Behavior Modifying Medication				
O. Planning Document				

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