

BEHAVIOR MANAGEMENT PLAN



1. General Int. _____ 2. Minor Aversive Int. _____ 3. Major Aversive Int. _____
- Basic Need Int. *(if applicable)*
- a. Food Int. _____ b. Toileting Int. _____ c. Fluid Int. _____ d. Sleep Int. _____

A. General Information

Date:
DOB/CA:

1. Name:
2. Site(s) for intervention Implementation:
3. Name/Title of Program Author(s):
4. Description of the Individual:
 - a. Summary of Enrollee Strengths:
 - b. Psychological/Psychiatric Information:
 - i. Mental Age/Adaptive Level:
 - ii. Describe current needs:
 - c. Co-occurring diagnosis:
 - d. Communication abilities/needs:
 - e. Medical Information/concerns:
 - i. Fine/Gross Motor Limitations:
 - ii. Sensory Deficits:
 - iii. Date of Last Physical:
 - iv. Current Medications:
 - f. Medical/Safety:
 - i. Medical factors which need to be evaluated as related to the target behavior(s) in this plan:
 1. Contraindications or restrictions:
 2. Gender:
 3. Age:
 4. Developmental Issues:
 5. Ethnicity:
 6. History of physical or sexual abuse:
 7. Medical Conditions:
 8. Physical Disabilities:
 - g. Physician's name:
 - h. Type of residence:

B. TARGET BEHAVIOR SUMMARY

Description of target behavior(s) to be decreased in observable measurable terms:

- 1.



2. Functional/structural analysis of target behavior(s)

- i. Assessment Method(s):
- j. Assessment Results:
- k. Hypothesis regarding purpose of target behavior:

C. PREVIOUS BEHAVIORAL POSITIVE/AVERSIVE PLANS-SUMMARY

D. BASELINE

E. CURRENT PROGRAM

- 1. Prevention Procedures

- 2. Procedure for reinforcing appropriate behaviors
 - a. Behaviors to reinforce:

 - b. Procedures:

- 3. Procedure for decreasing target behavior

- 4. Reinforcement menu
- 5. Materials needed
- 6. Staffing needed:

F. DATA COLLECTION & TRAINING PROCEDURES

1. Data Collection Procedures:

- a. Behaviors to decrease: Method/Freq. Person Responsible
- b. Behaviors to increase: Method/Freq. Person Responsible

2. Staff training procedures

- a. Staff to be trained Type of Training-Method/Freq. Trainer

3. Description of consent procedure used and any questions/issues rose by enrollee, guardian, or advocate:



G. PREVIOUS BEHAVIORAL POSITIVE/AVERSIVE PROGRAMS-SUMMARY

Dates	Behaviors	Baseline	Treatments	Results
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Is there sufficient data to indicate that positive reinforcement alone and/or less restrictive programs were unsuccessful or which indicate they are not preferred techniques for decreasing this behavior?

Yes

No



UNIT BEHAVIOR MANGEMENT REVIEW COMMITTEE (UBMRC) SIGNATURE SHEET

The individuals below have had the opportunity to participate in the development and/or review of the attached behavior management program which includes \procedures:

Team Members	Date	Signature	Agree	Agree With Conditions	Disagree	Comments
BPC Chair						
BPC Member						
BPC Member						
BPC Member						
Consulting Psychologist						
Clinic Director						
Program Manager						
Parent/ Guardian						

MEETING MINUTES: _____
