Behavior Plan Integrity Form

Child's name: [_____]   **Clinician observed:** [_____]

Date: [_____]   **Observer:** [_____]

Checklist for Behavior Plan Integrity: (DRO with TES based on time intervals)

Check for "yes"

Can the clinician tell you the target behaviors to decrease and describe them?

Did the clinician read the behavior plan rules prior to starting the timer?

Did the clinician show the visual when reading the rules to the child?

Did the clinician show the "choice board" of possible earned reinforcers?

Did the clinician set the timer for _____ minutes?

Did the clinician give the child a token when the timer signaled for the absence of the target behavior(s) paired with saying "Nice job…….
_____
_____

Did the clinician provide the child the choice board and allow him/her to choose a reinforcer after the child earned _____ tokens?

Did the clinician give the child _____ minutes to play with the earned reinforcer?

Did the clinician stop the timer immediately in the presence of a target behavior paired with saying "No, (child's name)"?

Did the clinician redirect the child to follow through with the command in the presence of the target behavior?

Did the clinician reread the rules and start the timer over after the target behavior had ceased?

Did the clinician socially reinforce him/her for choosing another activity after denied access to a preferred item (prompted or independently)?