

BEHAVIOR SUPPORT PLAN REVIEW



Behavior Support Plan Review

Name:

Date of Meeting:

Behavior Plan Author(s):

BP Plan Date:

1. Procedures/Target Behavior (attach copy of plan, only if changed):

General Intervention:

Target Behavior(s):

Aversive:

Target Behavior(s):

2. Was data received in a timely manner?

Yes

No, explain

Is data to be reviewed reliable/valid?

Yes

No, explain

3. Data and interpretation relative to behaviors to increase:

a. Goal attainment regarding replacement behavior/other behaviors to increase:

b. Is further behavioral assessment needed?

No

Yes, explain

c. Is there an attached graph to show progress

Yes

No, explain

(required every 90 days)



4. Are reinforcers still effective?

Yes

No, explain

5. Data and interpretation of target behavior(s) to decrease:

- a. Summarize frequency, intensity, etc. of target behaviors over review period, % of days without target behavior, address issues of variability of data, and note any changes in comparison to last month's data, baseline data.

Current Month

Previous Month

Baseline data

- b. Has the function of the behavior changed?

No

Yes, explain

6. Has fading criteria been met?

No

Yes, explain

Do fading procedures need to be clarified?

No

Yes, explain

Any aversive side effects of medications:	No	Yes, explain
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14. What is the individual's overall response to the intervention?

Has the individual had an opportunity to voice any concerns about the intervention?

Yes

No, explain

15. Are any changes proposed in type or level of procedure?

No

Yes, explain



Next Meeting: _____

Signature	Position	Continue	Discontinue	Continue with Changes	Date

Comments :