## BEHAVIOR SUPPORT PLAN REVIEW



## **Behavior Support Plan Review**

Name:		Date of Meeting		
Behavior Plan Author(s):		BP Plan Date	:	
1. Procedures/Target B	Behavior (attach copy of p	olan, only if change	d):	
General Intervention	n: Target Beha	vior(s):		
Aversive:	Target Beha	avior(s):		
2. Was data received in	n a timely manner?	Yes	No, explain	
Is data to be	reviewed reliable/valid?	Yes	No, explain	
3. Data and interpreta	tion relative to behaviors	to increase:		
a. Goal attainment re	garding replacement behavior/o	ther behaviors to increas	e:	
b. Is further behavior	al assessment needed?	No Yes, ex	xplain	
c. Is there an attached (required eve	d graph to show progress	Yes No, ex	plain	



4. <i>A</i>	Are reinforcers still effective?		Yes	No, explain
	Data and interpretation of target behavior(s) t  a. Summarize frequency, intensity, etc. of target behaviors address issues of variability of data, and note any change	over review peri		
Curr	rent Month			
<u>Prev</u>	rious Month			
Base	eline data			
	b. Has the function of the behavior changed?	No	Yes, explain	
6. I	las fading criteria been met?	No	Yes, explain	
	Do fading procedures need to be clarified?	No	Yes, explain	



7. Frequen	cy/Description of ot	her problem behavio	ors occurring:	
(illness, sta		ness of significant ot		ronmental or social status escribe impact, if any, on
		garding intervention. ntervention since the		y injuries or indications
<b>10.</b> Have c	urrent implementers	s been trained?	Yes	No, explain
11. Indicat	e the need for furthe	er training for staff ar	nd who will p	rovide/when:
12. Should	the individual be re	ferred to any speciali	i <b>sts or other s</b>	service providers?  Yes, explain
13. List cur	rent psychotropic m	edications and the re	espective diag	gnosis (if changed):
	Any aversive side effects	of medications:	No	Yes, explain



## 14. What is the individual's overall response to the intervention?

	Has the individual had an opportunity to voice any	concerns abou	ut the intervention	on?
	Yes	lo, explain		
15.	Are any changes proposed in type or level of procedu	re?	No	Yes, explain



Signature	Position	Continue	Discontinue	Continue with Changes	Date

Comments: