

BEHAVIORAL INTERVENTION PLAN: REPORT CHECKLIST

name	MATION
birth date	
age	
gender	
address	
UCI number	
language(s) spo	oken
service coordina	ator
regional center	
current diagnos	is(es) including level of severity of mental retardation
date of report	
consultant's nan	ne
REFERRAL INFORMA	ATION
source of referra	
	referred for and any additional/ different behaviors for
intervention	Tolorica for and any additionally amoretic behaviors for
	roblem behavior(s)
interviews, reco	SSESSMENT PROCESS rd review, observations ews and observations
added of intervie	
current strength	RMATION s and deficits (e.g., adaptive skills, cognitive, social, home life by use, safety awareness, motor skills)
current strength	s and deficits (e.g., adaptive skills, cognitive, social, home life ty use, safety awareness, motor skills)
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current strength skills, communit living situation a school/ day prog	s and deficits (e.g., adaptive skills, cognitive, social, home life by use, safety awareness, motor skills) and family history
current strength skills, communit living situation a school/ day prog	s and deficits (e.g., adaptive skills, cognitive, social, home life by use, safety awareness, motor skills) and family history gram placement and history ns including medications and dosage, adaptive equipment,
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current strength skills, communit living situation a school/ day prog medical concerr relevant genetic language and cu	is and deficits (e.g., adaptive skills, cognitive, social, home life by use, safety awareness, motor skills) and family history gram placement and history his including medications and dosage, adaptive equipment, adiagnosis alture current interventions, including dates of previous behavioral ad outcome

Sections VI through VIII are to be completed for each target behavior.

VI.	FUNCTIONAL ASSESSMENT	
	description of behavior, including onset and course	
	history of behavior (e.g., original onset, changes in severity or frequency)	
	antecedents (e.g., time of day, location, presence of certain other people,	
	during specific activities, physical state)	
	consequences (how others current respond to behavior, what currently	
	maintains behavior)	
	effect of physical environment on behavior	
	programmatic environment	
	social/ interpersonal environment	
	impression of family/ staff ability and willingness to make changes and follow	
	through with behavioral intervention	
	interpretation of behavior/ function it serves for client (e.g., communication,	
	avoidance/ escape, social interaction, stress reduction)	
VII.	DIRECT OBSERVATION DATA	
	strength of behavior (e.g., frequency, duration, severity)	
	data collection procedures used, including forms used and how family/ staff	
	uses them	
VIII.	INTERVENTION STRATEGIES	
VIII.		
	behavioral objective/ short term goal	
	environmental/ ecological strategies (e.g., changes in programming, physical	
	environment or interpersonal environments)	
	skills training/ replacement behavior (must serve same function as target	
	behavior)	
	direct intervention (e.g., procedures, schedule of reinforcement)	
	reactive strategies	
	generalization/ maintenance/ relapse prevention	
IX.	SUMMARY AND RECOMMENDATIONS	
.,	recommendation for appropriate intervention	
	recommendations for other assessments/ interventions	
	signatures	