



**BEHAVIORAL INTERVENTION PLAN:
REPORT CHECKLIST**

I. IDENTIFYING INFORMATION

- _____ name
- _____ birth date
- _____ age
- _____ gender
- _____ address
- _____ UCI number
- _____ language(s) spoken
- _____ service coordinator
- _____ regional center
- _____ current diagnosis(es) including level of severity of mental retardation
- _____ date of report
- _____ consultant's name

II. REFERRAL INFORMATION

- _____ source of referral
- _____ list of behaviors referred for and any additional/ different behaviors for intervention
- _____ brief history of problem behavior(s)

III. DESCRIPTION OF ASSESSMENT PROCESS

- _____ interviews, record review, observations
- _____ dates or interviews and observations

IV. BACKGROUND INFORMATION

- _____ current strengths and deficits (e.g., adaptive skills, cognitive, social, home life skills, community use, safety awareness, motor skills)
- _____ living situation and family history
- _____ school/ day program placement and history
- _____ medical concerns including medications and dosage, adaptive equipment, relevant genetic diagnosis
- _____ language and culture
- _____ previous or concurrent interventions, including dates of previous behavioral interventions and outcome

V. REINFORCEMENT SURVEY

- _____ list of potential reinforcers (e.g., tangible, activity, social, edible)

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

- _____ 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