

PTR Blank Forms

PTR Classroom Team Survey: Step 1

School: _____ Student: _____

Complete this survey if the team meets on a regular basis for planning purposes.

1. Our team meets for planning purposes:
Rarely Monthly Bimonthly Weekly Daily
0 1 2 3 4

2. Our team plans daily classroom activities collaboratively:
Rarely Occasionally Frequently Usually Almost Always
0 1 2 3 4

3. Our team plans collaboratively around implementing IEP objectives and making adaptations and modifications for children in the classroom:
Rarely Occasionally Frequently Usually Almost Always
0 1 2 3 4

4. Our team communicates well and problem solves collaboratively:
Strongly Disagree Disagree Neutral Agree Strongly Agree
0 1 2 3 4

5. We interact and work with children across developmental domains and disciplines:
Rarely Occasionally Frequently Usually Almost Always
0 1 2 3 4

6. Professional roles and responsibilities are shared across team members members:
Strongly Disagree Disagree Neutral Agree Strongly Agree
0 1 2 3 4

7. Parents play an active role on their child's team regarding the identification of goals, supports and services, modifications and adaptations.
Strongly Disagree Disagree Neutral Agree Strongly Agree
0 1 2 3 4

8. Our team has access to additional resources (e.g., technology, personnel, classroom materials, etc.) to help us work with children in the classroom.
None Limited Adequate Good Excellent
0 1 2 3 4

Please answer the following questions:

1. List some strengths of the Team.
2. What challenges face the Team?
3. What are the most pressing needs of the team?
4. What might help to enhance the team's productivity?

PTR Teacher Work Style Survey: Step 1

Directions: Circle the number that indicates your level of agreement / disagreement with each statement.

	Disagree			Agree		
	1	2	3	4	5	
1. I supervise paraeducators closely.....	1	2	3	4	5	N/A
2. I prefer a flexible work schedule.	1	2	3	4	5	N/A
3. I let paraeducators know exactly what is expected.	1	2	3	4	5	N/A
4. I provide (or at least determine) all the materials that will be used.....	1	2	3	4	5	N/A
5. I provide a written work schedule.....	1	2	3	4	5	N/A
6. I expect the paraeducator to think ahead to the next task.	1	2	3	4	5	N/A
7. I determine the instructional methods that will be used	1	2	3	4	5	N/A
8. I encourage the paraeducator to try new activities independently.....	1	2	3	4	5	N/A
9. I give explicit directions for each task	1	2	3	4	5	N/A
10. I always do several things at one time.	1	2	3	4	5	N/A
11. I like working with paraeducators that willingly take on new challenges...	1	2	3	4	5	N/A
12. I like taking care of details.....	1	2	3	4	5	N/A
13. I require the paraeducator to be punctual.....	1	2	3	4	5	N/A
14. I like to get feedback on how I can improve as a supervisor	1	2	3	4	5	N/A
15. I like to bring problems out in the open.....	1	2	3	4	5	N/A
16. I like to give frequent performance feedback to the paraeducator.....	1	2	3	4	5	N/A
17. I like to discuss activities that do not go well	1	2	3	4	5	N/A
18. I like working with other adults	1	2	3	4	5	N/A
19. I encourage paraeducators to think for themselves.....	1	2	3	4	5	N/A
20. I am a morning person	1	2	3	4	5	N/A
21. I speak slowly and softly.....	1	2	3	4	5	N/A
22. I work best alone with little immediate interaction	1	2	3	4	5	N/A
23. I need a quiet place to work without distractions	1	2	3	4	5	N/A
24. I prefer that no one else touches my things.....	1	2	3	4	5	N/A
25. I prefer to work from a written plan.....	1	2	3	4	5	N/A

PTR Paraeducator Work Style Survey

Directions: Circle the number that indicates your level of agreement / disagreement with each statement.

	Disagree			Agree		
	1	2	3	4	5	
1. I like to be supervised closely.....	1	2	3	4	5	N/A
2. I prefer a flexible work schedule.....	1	2	3	4	5	N/A
3. I like to know exactly what is expected.....	1	2	3	4	5	N/A
4. I prefer to decide which materials to use	1	2	3	4	5	N/A
5. I like having a written work schedule	1	2	3	4	5	N/A
6. I need time to think ahead on the next task.....	1	2	3	4	5	N/A
7. I like to determine the instructional methods I use	1	2	3	4	5	N/A
8. I like to try new activities independently.....	1	2	3	4	5	N/A
9. I like to be told how to do each task	1	2	3	4	5	N/A
10. I like to do several things at one time.	1	2	3	4	5	N/A
11. I like to take on challenges and new situations.....	1	2	3	4	5	N/A
12. I like taking care of details.....	1	2	3	4	5	N/A
13. I like to be very punctual	1	2	3	4	5	N/A
14. I like to give feedback on how I prefer to be supervised	1	2	3	4	5	N/A
15. I like to bring problems out in the open.....	1	2	3	4	5	N/A
16. I like to get frequent feedback on my performance	1	2	3	4	5	N/A
17. I like to discuss when activities do not go well	1	2	3	4	5	N/A
18. I like working with other adults	1	2	3	4	5	N/A
19. I like to think things through for myself	1	2	3	4	5	N/A
20. I am a morning person	1	2	3	4	5	N/A
21. I like to speak slowly and softly	1	2	3	4	5	N/A
22. I like to work alone with little immediate interaction.....	1	2	3	4	5	N/A
23. I need a quiet place to work without distractions	1	2	3	4	5	N/A
24. I prefer that no one else touches my things.....	1	2	3	4	5	N/A
25. I prefer to work from a written plan.....	1	2	3	4	5	N/A

PTR Work Style Score Comparison Sheet: Step 1

Directions: Transfer scores from the Teacher and Paraeducator Work style forms to this form. Look for areas of agreement and disagreement. However, there are no 'right' or 'wrong' responses. Determine areas of concern and solutions in light of the areas of agreement and disagreement.

Paraeducator						Teacher						
Disagree		Agree		<u>Item Content</u>		Disagree		Agree				
1	2	3	4	5	N/A	1	2	3	4	5	N/A	
1	2	3	4	5	N/A	1	2	3	4	5	N/A	1. Closeness of supervision.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	2. Flexibility of work schedule.
1	2	3	4	5	N/A	1	2	3	4	5	N/A	3. Preciseness of expectations.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	4. Decisions on materials to use.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	5. Written work schedule
1	2	3	4	5	N/A	1	2	3	4	5	N/A	6. Time to think ahead.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	7. Decisions on instructional methods
1	2	3	4	5	N/A	1	2	3	4	5	N/A	8. Trying new activities independently.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	9. Specifying how to do each task.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	10. Doing several things at one time.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	11. Taking on challenges
1	2	3	4	5	N/A	1	2	3	4	5	N/A	12. Taking care of details.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	13. Punctuality
1	2	3	4	5	N/A	1	2	3	4	5	N/A	14. Giving/getting feedback on supervision ..
1	2	3	4	5	N/A	1	2	3	4	5	N/A	15. Dealing with problems out in the open
1	2	3	4	5	N/A	1	2	3	4	5	N/A	16. Giving/getting feedback.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	17. Discussing activities that do not go well..
1	2	3	4	5	N/A	1	2	3	4	5	N/A	18. Working with other adults.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	19. Thinking things through for myself
1	2	3	4	5	N/A	1	2	3	4	5	N/A	20. Morning person.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	21. Speak slowly and softly
1	2	3	4	5	N/A	1	2	3	4	5	N/A	22. Working alone - little interaction.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	23. Quiet place to work/no distractions
1	2	3	4	5	N/A	1	2	3	4	5	N/A	24. Touching others' things.....
1	2	3	4	5	N/A	1	2	3	4	5	N/A	25. Working from a written plan.....

Goal-Setting: Step 2

Directions:

1. Complete the goal form by developing broad and short-term goals in each area.
2. Use the student’s IEP objectives, if applicable.
3. Identify one broad goal in each category.
4. Under each broad goal, identify the behavior(s) to be decreased and the pro-social behavior(s) to be increased to achieve the broad goal.
5. Clearly define or operationalize the goals so that each goal is:
 - a. Observable (seen or heard)
 - b. Measurable (counted or timed)
 - c. Significant (impact on student’s life)
6. Obtain consensus on the team’s short-term goals for the student.

Example: Goals for Johnny

		Behavioral Goal	Social Goal	Academic Goal
Short-Term Goals Increase	Broad	<i>Johnny will communicate his wants and needs in an age-appropriate manner.</i>	<i>Johnny will demonstrate age-appropriate social skills to maintain friends.</i>	<i>Johnny will increase task engagement time during academic activities.</i>
	Decrease	Johnny will decrease screaming, kicking furniture and/or people, and throwing objects to express his wants and needs.	Johnny will reduce the number of times he screams at and/or throws objects toward other children during group assignments.	Johnny will decrease screaming and throwing work materials during academic activities.
	Increase	Johnny will verbally express his wants and needs in the classroom by using an inside voice and calm body.	Johnny will use a calm, normal-tone of voice when interacting with his peers during academic work groups.	Johnny will increase the amount of time he remains in his seat with eyes focused on the teacher and/or work materials during academic assignments.

Goal-Setting: Step 2

Goals for: _____
(Student's Name)

	Behavioral	Social	Academic
Broad Goals			
Short-Term Goals			
Short-Term Goals			

Goal Setting—Version 2 Modified: Step 2

(Student's Name)

	Behavior
Decrease	
Increase	

Behavior Rating Scale

Student: _____

School: _____

Target Behavior		Date																		
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
		3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

KEY

PTR Functional Behavior Assessment: Step 3

Directions:

1. The following PTR Functional Behavior Assessment is comprised of three sections, Prevent, Teach, and Reinforce, and is 5-pages in length.
2. Complete one PTR Functional Behavior Assessment for *each* **problem behavior** targeted on the Behavior Rating Scale. For example, if both 'hitting others' and 'screaming' are listed on the BRS, two PTR Functional Behavior Assessments will be completed.
3. Do not complete the assessment on any prosocial/desired behaviors targeted on the Behavior Rating Scale
4. List the problem behavior on the top of each assessment form to ensure responses are given for that behavior only.
5. Answer each question by checking all the appropriate areas that apply, or by writing the response(s) that best describe events related to the problem behavior specified.

Problem behavior: Calling out Person Responding: _____ Student: _____

PTR Functional Behavior Assessment: Prevent Component

1a. Are there *times of the school day* when problem behavior is *most likely* to occur? If yes, what are they?

Morning Before meals During meals After meals Arrival
 Afternoon Dismissal

Other: _____

1b. Are there *times of the school day* when problem behavior is *very unlikely* to occur? If yes, what are they?

Morning Before meals During meals After meals Arrival
 Afternoon Dismissal

Other: _____

2a. Are there *specific activities* when problem behavior is *very likely* to occur? If yes, what are they?

<input type="checkbox"/> Reading/LA	<input type="checkbox"/> Writing	<input type="checkbox"/> Math	<input type="checkbox"/> Science
<input type="checkbox"/> Independent work	<input type="checkbox"/> Small group work	<input type="checkbox"/> Large group work	<input type="checkbox"/> Riding the bus
<input type="checkbox"/> One-on-one	<input type="checkbox"/> Computer	<input type="checkbox"/> Recess	<input type="checkbox"/> Lunch
<input type="checkbox"/> Free time	<input type="checkbox"/> Peer/cooperative work	<input type="checkbox"/> Centers	<input type="checkbox"/> Discussions/Q&A
<input type="checkbox"/> Worksheets, seatwork		<input type="checkbox"/> Specials (specify) _____	<input type="checkbox"/> Transitions (specify) _____

Other: _____

2b. Are there *specific activities* in which problem behavior is *very unlikely* to occur? What are they?

<input type="checkbox"/> Reading/LA	<input type="checkbox"/> Writing	<input type="checkbox"/> Math	<input type="checkbox"/> Science
<input type="checkbox"/> Independent work	<input type="checkbox"/> Small group work	<input type="checkbox"/> Large group work	<input type="checkbox"/> Riding the bus
<input type="checkbox"/> One-on-one	<input type="checkbox"/> Computer	<input type="checkbox"/> Recess	<input type="checkbox"/> Lunch
<input type="checkbox"/> Free time	<input type="checkbox"/> Peer/cooperative work	<input type="checkbox"/> Centers	<input type="checkbox"/> Discussions/Q&A
<input type="checkbox"/> Worksheets, seatwork		<input type="checkbox"/> Specials (specify) _____	<input type="checkbox"/> Transitions (specify) _____

Other: _____

3a. Are there *specific classmates or adults* whose proximity is associated with a *high likelihood* of problem behavior? If so, who are they?

<input type="checkbox"/> Peers	Specify: _____	<input type="checkbox"/> Bus driver
<input type="checkbox"/> Teacher(s)	Specify: _____	<input type="checkbox"/> Parent
<input type="checkbox"/> Paraprofessional(s)	Specify: _____	<input type="checkbox"/> Other family member
<input type="checkbox"/> Other school staff	Specify: _____	(Specify) _____

Other: _____

Problem behavior: Calling out Person Responding: _____ Student: _____

3b. Are there *specific classmates or adults* whose proximity is associated with a high likelihood of problem behavior *not being* exhibited? If so, who are they?

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Peers | Specify: _____ | <input type="checkbox"/> Bus driver |
| <input type="checkbox"/> Teacher(s) | Specify: _____ | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Paraprofessional(s) | Specify: _____ | <input type="checkbox"/> Other family member (Specify) |
| <input type="checkbox"/> Other school staff | Specify: _____ | _____ |

Other: _____

4. Are there *specific circumstances* in which problem behavior is *very likely* to occur?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Request to start task | <input type="checkbox"/> Task too difficult | <input type="checkbox"/> Transition | <input type="checkbox"/> Student is alone |
| <input type="checkbox"/> Being told work is wrong | <input type="checkbox"/> Task too long | <input type="checkbox"/> End of preferred activity | <input type="checkbox"/> Unstructured time |
| <input type="checkbox"/> Reprimand or correction | <input type="checkbox"/> Task is boring | <input type="checkbox"/> Removal of preferred item | <input type="checkbox"/> 'Down' time (no task specified) |
| <input type="checkbox"/> Told "no" | <input type="checkbox"/> Task is repetitive (same task daily) | <input type="checkbox"/> Start of non-preferred activity | <input type="checkbox"/> Teacher is attending to other students |
| <input type="checkbox"/> Seated near specific peer | <input type="checkbox"/> Novel task | | |
| <input type="checkbox"/> Peer teasing or comments | | | |
| <input type="checkbox"/> Change in schedule | | | |

Other: _____

5. Are there *specific circumstances* in which problem behavior is *very unlikely to occur*? Please specify:

6. Are there conditions in the *physical environment* that are associated with a high likelihood of problem behavior? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions....

Yes (specify) _____

No

7. Are there circumstances *unrelated to the school setting* that occur on some days and not other days that may make problem behavior more likely?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> No medication | <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Home conflict |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Change in medication | <input type="checkbox"/> Bus conflict | <input type="checkbox"/> Sleep deprivation |
| <input type="checkbox"/> Physical condition | <input type="checkbox"/> Hunger | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Stayed with non-custodial parent |
| <input type="checkbox"/> Hormones or menstrual cycle | <input type="checkbox"/> Parties or social event | <input type="checkbox"/> Change in routine | |
| | <input type="checkbox"/> Change in diet | <input type="checkbox"/> Parent not home | |

Other: _____

Additional comments not addressed above in the *Prevent Component*.

PTR Functional Behavior Assessment: Teach Component

1. Does the *problem behavior* seem to be exhibited in order to **gain attention from peers**?

Yes *List the specific peers:* _____

No

2. Does the *problem behavior* seem to be exhibited in order to **gain attention from adults**? If so, are there particular adults whose attention is solicited?

Yes *List the specific adults:* _____

No

3. Does the *problem behavior* seem to be exhibited in order to **obtain objects** (toys or games, materials, food) from peers or adults?

Yes *List the specific objects:* _____

No

4. Does the *problem behavior* seem to be exhibited in order to **delay a transition** from a preferred activity to a non-preferred activity?

Yes *List the specific transitions:* _____

No

5. Does the *problem behavior* seem to be exhibited in order to **terminate or delay** a non-preferred (difficult, boring, repetitive) task or activity?

Yes *List the specific non-preferred tasks or activities* _____

No

6. Does the *problem behavior* seem to be exhibited in order to **get away from** a nonpreferred classmate or adult?

Yes *List the specific peers or adults* _____

No

7. What **social skills(s)** could the student learn in order to reduce the likelihood of the *problem behavior* occurring in the future?

Peer interaction

Sharing objects

Taking turns

Play skills

Sharing attention

Losing gracefully

Getting attention appropriately

Conversation skills

Waiting for reinforcement

Joint or shared attention

Making pro-social statements

Accepting differences

Others: _____

Problem behavior: Calling out Person Responding: _____ Student: _____

8. What ***problem-solving skill(s)*** could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?

- | | | |
|--|---|--|
| <input type="checkbox"/> Recognizing need for help | <input type="checkbox"/> Note-taking strategies | <input type="checkbox"/> Staying engaged |
| <input type="checkbox"/> Asking for help | <input type="checkbox"/> Assignment management | <input type="checkbox"/> Working independently |
| <input type="checkbox"/> Using visual supports to work independently | <input type="checkbox"/> Working with a peer | <input type="checkbox"/> Making an outline |
| <input type="checkbox"/> Ignoring peers | <input type="checkbox"/> Move ahead to easier items then go back to difficult items | <input type="checkbox"/> Self-management |
| <input type="checkbox"/> Graphic organizers | | <input type="checkbox"/> Making choices from several appropriate options |

Others: _____

9. What ***communication skill(s)*** could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?

- | | | |
|---|---|---|
| <input type="checkbox"/> Asking for a break | <input type="checkbox"/> Raising hand for attention | <input type="checkbox"/> Asking for help |
| <input type="checkbox"/> Expressing emotions (frustration, anger, hurt) | <input type="checkbox"/> Requesting wants | <input type="checkbox"/> Commenting |
| <input type="checkbox"/> Requesting information | <input type="checkbox"/> Rejecting | <input type="checkbox"/> Responding to others |
| | <input type="checkbox"/> Active listening | |

Others: _____

Additional comments not addressed above in the ***Teach Component***.

PTR Functional Behavior Assessment: Reinforce Component

1. What responses (**consequences**) typically occur after the student engages in the *problem behavior*?

- | | | |
|---|--|--|
| <input type="checkbox"/> Sent to time-out | <input type="checkbox"/> Gave personal space | <input type="checkbox"/> Verbal reprimand |
| <input type="checkbox"/> Chair time-out | <input type="checkbox"/> Sent to behavior specialist/counselor | <input type="checkbox"/> Stated rules |
| <input type="checkbox"/> Head down | <input type="checkbox"/> Assistance given | <input type="checkbox"/> Physical prompt |
| <input type="checkbox"/> Sent to office | <input type="checkbox"/> Verbal redirect | <input type="checkbox"/> Peer reaction |
| <input type="checkbox"/> Sent home | <input type="checkbox"/> Delay in activity | <input type="checkbox"/> Physical restraint |
| <input type="checkbox"/> Calming/soothing | <input type="checkbox"/> Activity changed | <input type="checkbox"/> Removal of reinforcers |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Activity terminated | <input type="checkbox"/> Natural consequences (Specify)
_____ |

Other: _____

2. Does the student *enjoy praise* from teachers and other school staff? Does the student enjoy praise from some teachers more than others?

- Yes *List specific people* _____
 No

3. What is the likelihood of the student's *appropriate behavior* (e.g., on-task behavior; cooperation; successful performance) resulting in acknowledgment or praise from teachers or other school staff?

- Very likely Sometimes Seldom Never

4. What is the likelihood of the student's *problem behavior* resulting in acknowledgment (e.g., reprimands, corrections) from teachers or other school staff?

- Very likely Sometimes Seldom Never

5. What school-related items and activities are *most enjoyable* to the student? What items or activities could serve as special rewards?

- | | | |
|--|---|--|
| <input type="checkbox"/> Social interaction with adults | <input type="checkbox"/> Music | <input type="checkbox"/> Art activity |
| <input type="checkbox"/> Social interaction with peers | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Playing a game | <input type="checkbox"/> Going outside | <input type="checkbox"/> Video games |
| <input type="checkbox"/> Helping teacher | <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Watching TV/video |
| <input type="checkbox"/> Line leader | <input type="checkbox"/> Reading | <input type="checkbox"/> Objects (Specify) _____ |
| <input type="checkbox"/> Going to media center | <input type="checkbox"/> Extra PE time | _____ |
| <input type="checkbox"/> Sensory activity (specify)
_____ | <input type="checkbox"/> Extra free time | <input type="checkbox"/> Food (Specify) _____ |
| | | _____ |

Other(s): _____

Additional comments not addressed above in the *Reinforce Component*.

PTR Functional Behavior Assessment Summary Table: “Cheat Sheet” for Step 3

Student: _____ **School:** _____ **Date:** _____

	Behavior	Prevent Data	Teach Data	Reinforce Data
Problem behavior	Name of problem behavior	Include information from the Prevent component of the PTR assessment (items #1a, 2a, 3a, 4, 5, 6)	Include information from the Teach component of the PTR assessment (items #1 through #6)	Include information from the Reinforce component of the PTR assessment (items #1 & 4)
Appropriate behavior	Name of pro-social or replacement behavior	Include information from the Prevent component of the PTR assessment (items #1b, 2b, 3b)	Include information from the Teach component of the PTR assessment (items #7 through #9)	Include information from the Reinforce component of the PTR assessment (items #2, 3, & 5)

Possible Hypotheses			
	When....	He/she will.....	As a result, he/she
Problem Behavior	Include the relevant data from the problem behavior prevent data above	Behavior being evaluated	Function (from problem behavior teach data)
Replacement Behavior	Copy what you have in the row above (problem behavior when)	Write in the new behavior/skill or, replacement behavior	Copy what you have in the row above (problem behavior function).

PTR Functional Behavior Assessment Summary Table: Step 3

Student: _____ **School:** _____ **Date:** _____

	Behavior	Prevent Data	Teach Data	Reinforce Data
Problem behavior				
Appropriate behavior				

Possible Hypotheses			
	When....	He/she will.....	As a result, he/she
Problem Behavior			
Replacement Behavior			

Team form

PTR Intervention Checklist: Step 4

Student: _____

School: _____

Date: _____

Completed by: _____

Hypothesis: _____

Prevention Interventions	Teaching Interventions	Reinforcement Interventions
<input type="checkbox"/> Providing Choices	**Replacement Behavior (<i>What appropriate behavior will be taught?</i>) <input type="checkbox"/> Functional _____ <input type="checkbox"/> Incompatible (desired) _____	**Reinforce Replacement Behavior (<i>Write in the function of the problem behavior from the hypothesis</i>) <input type="checkbox"/> Function _____
<input type="checkbox"/> Transition Supports	<input type="checkbox"/> Specific Academic Skills	**<input type="checkbox"/> Discontinue Reinforcement of Problem Behavior
<input type="checkbox"/> Environmental Supports	<input type="checkbox"/> Problem Solving Strategies	<input type="checkbox"/> Group Contingencies (peer, teacher)
<input type="checkbox"/> Curricular Modification (eliminating triggers)	<input type="checkbox"/> General Coping Strategies	<input type="checkbox"/> Increase Ratio of + to – Responses
<input type="checkbox"/> Adult Verbal Behavior (just be nice)	<input type="checkbox"/> Specific Social Skills	<input type="checkbox"/> Home to School Reinforcement System
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Teacher Pleasing Behaviors	<input type="checkbox"/> Delayed Gratification
<input type="checkbox"/> Increase Non-Contingent Reinforcement	<input type="checkbox"/> Learning Skills Strategies	
<input type="checkbox"/> Setting Event Modification	<input type="checkbox"/> Self-Management (self-monitoring)	
<input type="checkbox"/> Opportunity for Pro-Social Behavior (peer support)	<input type="checkbox"/> Independent Responding	
<input type="checkbox"/> Peer Modeling or Peer Reinforcement	<input type="checkbox"/> Increased Engaged Time	
Does the severity or intensity of the student’s problem behavior pose a threat to self or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a crisis intervention plan needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**All asterisked interventions need to be selected and included in the student’s PTR Intervention Plan

PTR Interventions Checklist-Secondary Version

Student: _____ **School:** _____ **Date:** _____ **Behavior:** _____ **Completed by:** _____

Hypothesis: _____

Prevention Interventions	Teaching Interventions	Reinforcement Interventions
<input type="checkbox"/> Providing Choices	**Replacement Behavior <input type="checkbox"/> Functional <input type="checkbox"/> Incompatible (desired)	**Reinforce Replacement Behavior <input type="checkbox"/> Functional <input type="checkbox"/> Incompatible (desired)
<input type="checkbox"/> Transition Interventions/Planning	<input type="checkbox"/> Study Skills/Test-taking Strategies	<input type="checkbox"/> Increase Non-Contingent Reinforcement
<input type="checkbox"/> Visual Cues/Tools	<input type="checkbox"/> Social Problem Solving Strategies	<input type="checkbox"/> Discontinue Reinforcement of Problem Behavior
<input type="checkbox"/> Curricular/Assignment Modification/Flexibility	<input type="checkbox"/> General Coping Strategies	<input type="checkbox"/> Group Contingencies (peer, teacher)
<input type="checkbox"/> Adult Verbal Behavior	<input type="checkbox"/> Teacher Pleasing Behaviors	<input type="checkbox"/> Increase Ratio of + to – Responses
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Learning Strategy Instruction	<input type="checkbox"/> Home to School Reinforcement System
<input type="checkbox"/> Setting Event Modification	<input type="checkbox"/> Self Management	<input type="checkbox"/> Establish Crisis Intervention
<input type="checkbox"/> Opportunity for Pro-Social Behavior	<input type="checkbox"/> Basic Academic Skills	
<input type="checkbox"/> Peer Support/Cooperative Grouping Activities	<input type="checkbox"/> Specific Social Skills Training	
Does the severity or intensity of the student’s problem behavior pose a threat to self or others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is a crisis intervention plan needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

****All asterisked interventions need to be selected and included in the student’s PTR Intervention Plan**

Chapter 5: Intervention Scoring Table

Directions:

1. Gather all completed PTR Intervention Checklists.
2. List the interventions selected number 1 by each team member.
3. List the intervention selected number 2 by each team member and so on until all interventions are listed.
4. Determine the mean rank of all interventions selected.
5. List the interventions in order of rank.
6. Place an asterisk next to the interventions selected as number 1 by the teacher.
7. As a team, discuss the ranked interventions and come to a consensus on at least one Prevent, one Teach, and one Reinforce strategy.

Intervention Scoring Table

Student: _____ School: _____ Date: _____ Completed by: _____

Hypothesis: _____

Prevent	Rank	Teach	Rank	Reinforce	Rank
1.		1. Replacement behavior <input type="checkbox"/> Functional <input type="checkbox"/> Desired or pro-social		1. Reinforce replacement behavior <input type="checkbox"/> Functional <input type="checkbox"/> Desired or pro-social	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	

A replacement behavior must be included in the student’s behavior intervention plan.

Behavior Intervention Plan/Positive Behavior Support Plan

Hypothesis:

PREVENT Interventions

Intervention Strategy	Description and Steps	Comments

TEACH Interventions

Intervention Strategy	Description and Steps	Comments

REINFORCE Intervention

Intervention Strategy	Description and Steps	Comments

Training Checklist

Directions for developing the form:

1. Select an intervention and write it next to the appropriate component.
2. As a team, use the specific, step-by-step behavior intervention plan to identify the steps to be performed. Write one step in each box.
3. Repeat steps 1 & 2 for the remaining interventions.

Directions for completing the form:

1. Conduct training during a time when students are not present.
2. As a team, discuss the steps of implementation
3. Next, use direct instruction methods to practice each step (i.e., role play, modeling, feedback).
4. Circle the Y if the intervention agent (i.e., person implementing the plan) correctly implements step(s).
5. Circle the N if the intervention agent does not correctly implement step(s).
6. Calculate the percent score.
7. If the percent score is less than 100%, the team should discuss if further training is needed or develop a plan to ensure the weak steps are addressed during technical assistance.

Training Checklist

Student: _____

Intervention Agent: _____

Date of Training: _____

Task Analysis of Intervention	Did the implementer complete the step?	
PREVENT Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
TEACH Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
REINFORCE Component		
1.	Yes	No
2.	Yes	No
3.	Yes	No
4.	Yes	No
5.	Yes	No
6.	Yes	No
TOTAL (# Yes / # Total)		
Percent Score		

PTR Plan Assessment (Fidelity)—Example

Teacher:

Student:

Date:

Interventions PREVENT	Implemented	Impact (1 = no impact; 5 = great impact)
<u>Transition Supports—visual checklist</u> <ul style="list-style-type: none"> • Visual checklist provided to Isaiah • Choice of reinforcement presented and described on checklist 	Y / N / NA Y / N / NA	1 2 3 4 5
TEACH		
<u>Replacement behavior—academic engagement</u> <ul style="list-style-type: none"> • Checklist reviewed during study skills class • Goal set • Gave 1 minute at end of class for Isaiah to self-assess • Reviewed Isaiah’s self-assessment and gave feedback 	Y / N / NA Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
<u>Replacement behavior—escape by asking to be excused</u> <ul style="list-style-type: none"> • Prior to non-preferred activity, provided a verbal prompt/cue to remind Isaiah that he can ask to be excused. 	Y / N / NA	1 2 3 4 5
REINFORCE		
<u>Reinforce academic engagement</u> <ul style="list-style-type: none"> • Presented choice reinforcement menu to Isaiah when goal met • Provided verbal praise • Provided reinforcement for surpassing goal 	Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
<u>Reinforce asking to be excused</u> <ul style="list-style-type: none"> • Provide 1 minute break each time Isaiah asks to be excused 	Y / N / NA	1 2 3 4 5
<u>Discontinue reinforcement of problem behavior</u> <ul style="list-style-type: none"> • Got Isaiah’s attention and used agreed upon signal when Isaiah stops • Waited for Isaiah’s attending response • Tapped activity on teacher copy of checklist to remind Isaiah to be engaged • Sidebar in hallway if Isaiah stops again 	Y / N / NA Y / N / NA Y / N / NA Y / N / NA	1 2 3 4 5
Behavior Plan Assessment Implementation: Total # of Y/Y + N total		

PTR Plan Assessment (Fidelity)

Teacher:

Student:

Date:

Interventions	Implemented	Impact
PREVENT		
	Y / N / NA	1 2 3 4 5
TEACH		
<u>Replacement behavior</u>	Y / N / NA	1 2 3 4 5
REINFORCE		
<u>Reinforce replacement behavior</u>	Y / N / NA	1 2 3 4 5
Behavior Plan Assessment: Y/Y + N total		

Weekly Behavior Support Plan Assessment

Student: _____ Teacher: _____ Date: _____

1. To what level did we implement the plan we proposed?				
Low		Moderate		High
1	2	3	4	5
Comments:				
2. To what degree is the plan having a positive impact on the student's behavior?				
Low		Moderate		High
1	2	3	4	5
Comments:				
3. To what degree is the plan having a positive impact on the student's academic achievement?				
Low		Moderate		High
1	2	3	4	5
Comments:				

