

# PTR BASIC TOOLS

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**Step 1: Structured Goal Setting**

Student Name: \_\_\_\_\_

<b>BEHAVIORS TO DECREASE</b>	
<u>Target Behavior:</u>	<u>Operational Definition:</u>
<b>BEHAVIORS TO INCREASE</b>	
<u>Target Behavior:</u>	<u>Operational Definition:</u>

## **Step 1: Goal Setting**

### **Student Version**

1. What is your dream? What do you want to be doing 3-5 years from now?
2. What could help you reach your dream? What could school, family, or other people do and what could you do? What opportunities are already available that could help?
3. What is keeping you from your dream? What are the challenges that are making it hard? What are some of your fears if you don't get to reach your dream?
4. Choices are very important for everyone. Examples of big choices most people have is the type of work they will do for money, the type of fun activities they do in the evenings and weekends, where and when they go for shopping or fun activities, friends to do things with, etc. Some smaller choices most people have each day is what they wear, the clothes they buy, what they eat for breakfast, lunch, and dinner, etc. What choices do you get to make most days? What choices do you wish you could make most days?
5. Who are the most important people in your life? They can include people from school, people from your family, friends, girlfriends or boyfriends, people who live in the city or other important people who may live further away? Are there any people you wish could be included as important people?

**Step 1: Goal Setting-Student Version**

Student Name: \_\_\_\_\_

WHAT BEHAVIORS DO YOU WISH YOU WOULDN'T DO SO MUCH IN SCHOOL?

<u>Target Behavior(s):</u>	<u>Definition:</u>
----------------------------	--------------------

WHAT BEHAVIORS DO YOU WISH YOU WOULD DO MORE IN SCHOOL?  
WHAT BEHAVIORS WOULD YOU LIKE TO DO MORE THAT WOULD LET YOU MEET YOUR GOALS?

<u>Target Behavior(s):</u>	<u>Definition:</u>
----------------------------	--------------------

### Step 1: Individualized Behavior Rating Scale Tool (IBRST)

Student: \_\_\_\_\_

School: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

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

**KEY:**

**Problem Behavior** \_\_\_\_\_: Definition \_\_\_\_\_ Time/Routine:  All day  Specific Time/Routine: \_\_\_\_\_

- 5 = Terrible day \_\_\_\_\_
- 4 = Typical bad day \_\_\_\_\_
- 3 = So-so day \_\_\_\_\_
- 2 = Good day \_\_\_\_\_
- 1 = Fantastic day \_\_\_\_\_

**Replacement/Alternate Desired Behavior;** \_\_\_\_\_ Definition \_\_\_\_\_ Time/Routine:  All day  Specific Time/Routine: \_\_\_\_\_

- 5 = Fantastic day \_\_\_\_\_
- 4 = Good day \_\_\_\_\_
- 3 = So-so day \_\_\_\_\_
- 2 = Typical bad day \_\_\_\_\_
- 1 = Terrible day \_\_\_\_\_

**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: \_\_\_\_\_

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 the problem behavior is *very likely* to occur? Please indicate the **top 3-5** circumstances that are the most likely to trigger the problem behavior.**

<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: \_\_\_\_\_

If the problem behavior happens most often during academic time/work, does the student have the skills to do the work being requested?  Yes  No

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

**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 but not on 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 Secondary: 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 items or preferred activities** (games, electronics, materials, food) from peers or adults?

\_\_\_ Yes *List the specific objects:* \_\_\_\_\_

\_\_\_ No

4. Does the (*problem behavior*) seem to be exhibited in order to **avoid or 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 **avoid 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 non-preferred classmate or adult?

\_\_\_ Yes *List the specific peers or adults* \_\_\_\_\_

\_\_\_ No

7. What behaviors could the student be taught to do that would help meet academic goals? Select **3-5** behaviors that would academically enable the student to participate and meet academic goals.

<input type="checkbox"/> Study skills	<input type="checkbox"/> Homework completion	<input type="checkbox"/> Work productively (complete and turn in assignments)
<input type="checkbox"/> Socially engage (e.g., working cooperatively with peers, cooperate)	<input type="checkbox"/> Organizational strategies	<input type="checkbox"/> Time management
<input type="checkbox"/> Participate, persist, and be engaged	<input type="checkbox"/> Attend class	<input type="checkbox"/> Arrive to class on time
	<input type="checkbox"/> Self-regulation (controls temper, obeys rules, copes with stress)	

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**? Identify the top 3-5 responses that adults or peers almost always do immediately after the student does 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"/> Activity terminated                   | <input type="checkbox"/> Natural consequences (Specify)<br>_____ |

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)<br>_____ | <input type="checkbox"/> Extra free time  | <input type="checkbox"/> Food (Specify) _____    |
|  |   | _____  |

Other(s): \_\_\_\_\_

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

Step 2: PTR Functional Behavior Assessment Summary Table

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

	Behavior	Antecedent (Prevent Data)	Function (Teach) Data	Consequences (Reinforce) Data
Problem behavior				
Appropriate behavior				

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

### Step 3: PTR Intervention Checklist/Elementary

Student: \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Hypothesis: \_\_\_\_\_

Prevention Interventions	Teaching Interventions	Reinforcement Interventions
<input type="checkbox"/> Providing Choices	<b>**Replacement Behavior</b> ( <i>What appropriate behavior will be taught?</i> ) <input type="checkbox"/> Functional Equivalent _____ <input type="checkbox"/> Alternate Skill (desired) _____	<b>**Reinforce Replacement Behavior</b> ( <i>Write in the function of the problem behavior from the hypothesis</i> ) <input type="checkbox"/> ** Function _____ <input type="checkbox"/> Additional _____
<input type="checkbox"/> Transition Supports	<input type="checkbox"/> Specific Academic Skills	<b>**<input type="checkbox"/> Discontinue Reinforcement of Problem Behavior</b>
<input type="checkbox"/> Environmental Supports	<input type="checkbox"/> Problem Solving Strategies	
<input type="checkbox"/> Curricular Modification (eliminating triggers)	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Stay Close (positive caring, comments)	<input type="checkbox"/> Specific Social Skills	
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Teacher Pleasing Behaviors	
<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**

**Step 3: PTR Interventions Checklist-SECONDARY Version**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Behavior:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Hypothesis:** \_\_\_\_\_

<b>Prevention Interventions</b>	<b>Teaching Interventions</b> ( <i>behaviors that will help meet academic goals</i> )	<b>Reinforcement Interventions</b>
<input type="checkbox"/> Providing Choices	<b>**Replacement Behavior</b> <input type="checkbox"/> Functional Equivalent <input type="checkbox"/> Alternate skill (desired)	<b>**Reinforce Replacement Behavior</b> <input type="checkbox"/> ** Function _____ <input type="checkbox"/> Additional _____
<input type="checkbox"/> Transition Interventions/Planning	<input type="checkbox"/> Study Skills/Test-taking Strategies	<input type="checkbox"/> **Discontinue Reinforcement of Problem Behavior
<input type="checkbox"/> Visual Cues/Tools	<input type="checkbox"/> Social Problem Solving Strategies	
<input type="checkbox"/> Curricular/Assignment Modification/Flexibility	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Opportunities to Respond	<input type="checkbox"/> Cognitive Behavior Therapy	
<input type="checkbox"/> Classroom Management	<input type="checkbox"/> Learning Strategy Instruction	
<input type="checkbox"/> Setting Event Modification	<input type="checkbox"/> Self-Management	
<input type="checkbox"/> Increase Non-Contingent Reinforcement	<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**

### Step 3: PTR Interventions Checklist-SECONDARY Version-Student

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Behavior:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

*Directions: Under each category, check 2-4 interventions you think would work and would be okay with you to try.*

<b>Prevention Interventions</b>	<b>Teaching Interventions (behaviors that will help you reach your goals)</b>	<b>Reinforcement Interventions</b>
<input type="checkbox"/> Given Choices	<b>**Replacement Behavior</b> <input type="checkbox"/> _____	<b>**Reinforce Replacement Behavior</b> <input type="checkbox"/> Escape, avoid, delay <input type="checkbox"/> Get attention, specific activity/item
<input type="checkbox"/> Helping with transitions between classes/activities	<input type="checkbox"/> Study Skills/Test-taking Strategies	<input type="checkbox"/> <b>**Having the teacher not let me escape or get attention for my problem behavior</b>
<input type="checkbox"/> Visual reminders/checklists	<input type="checkbox"/> Social Problem Solving Strategies	
<input type="checkbox"/> Change tasks/activities to make less difficult, more interesting	<input type="checkbox"/> General Coping Strategies	
<input type="checkbox"/> Get More Opportunities to Respond and Get Positive Comments	<input type="checkbox"/> Cognitive Behavior Therapy	
<input type="checkbox"/> Whole Classroom Management Plan	<input type="checkbox"/> Learning Strategy Instruction	
<input type="checkbox"/> Interventions that address the days that I come to school angry/unhappy because of things that have happened at home or with friends	<input type="checkbox"/> Self-Management	
<input type="checkbox"/> Have more positive comments from your teacher(s)	<input type="checkbox"/> Basic Academic Skills	
<input type="checkbox"/> Classmate Support/Cooperative Grouping Activities	<input type="checkbox"/> Specific Social Skills Training	
When you do ( <u>problem behavior</u> ) can it hurt you or others (teachers, classmates)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you need a crisis management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Step 3: Intervention Scoring Table**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Hypothesis: \_\_\_\_\_

<b>Prevent</b>	<b>Rank</b>	<b>Teach</b>	<b>Rank</b>	<b>Reinforce</b>	<b>Rank</b>
1.		1. Replacement behavior <input type="checkbox"/> Functional Equivalent <input type="checkbox"/> Alternate Skill		1. Reinforce replacement behavior <input type="checkbox"/> Functional <input type="checkbox"/> Additional	
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.**

### Step 3: Behavior Intervention 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



### Step 3: PTR Plan Assessment (Fidelity)—Example

Teacher: \_\_\_\_\_ Student: \_\_\_\_\_ Date: \_\_\_\_\_ Observation  Self-Assessment

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

### Step 3: PTR Plan Assessment (Fidelity)

Teacher:

Student:

Date:

Observation  Self-Assessment

Interventions	Implemented	Did it have the desired impact on behavior? (1 = no impact; 2 = some impact; 3 = great impact)
<b>PREVENT</b>		
<u>Prevention Intervention (Name)</u>	Y / N / NA	1 2 3
<b>TEACH</b>		
<u>Replacement behavior</u>	Y / N / NA	1 2 3
<b>REINFORCE</b>		
<u>Reinforce replacement behavior</u>	Y / N / NA	1 2 3
<b>Behavior Plan Assessment: Y/Y + N total</b>		

### Step 4: Monitoring/Follow-Up

Set a date for follow-up meeting (within 3 weeks) to evaluate effectiveness of behavior intervention plan

<b>Date and time</b>	
<b>Data-Based Decision Making Points</b>	
1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below.	YES NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____	YES NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:	
(a) Give the plan more time Date of next follow-up meeting (no more than 3 weeks) _____ (b) Modify the plan Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____ (c) Conduct a more comprehensive FBA Team/facilitator conducting FBA: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____	
4. NO, intervention not successful: NO, plan was NOT implemented as intended.	
(a) Retrain the teacher (b) Modify the plan to make more feasible a. Date of meeting to develop modified plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____ (c) Select new interventions that are more acceptable and match the hypothesis a. Date of meeting to develop new plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____	
5. YES, intervention effective and YES, plan implemented as intended.	
(a) Extend the plan by implementing in another problematic routine or with other people (b) Establish new goal/increase criterion (c) Teach a new skill (d) Fade out parts of the plan (e) Other (specify) _____	
<b>Date and time 2<sup>nd</sup> follow-up meeting</b>	

1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below	YES NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____	YES NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:	
(a) Give the plan more time Date of next follow-up meeting (no more than 3 weeks) _____ (b) Modify the plan Date of meeting to develop modified plan _____ Date to train the teacher in the modified plan _____ Date of next follow-up meeting (no more than 3 weeks) _____ (c) Conduct a more comprehensive FBA Team/facilitator conducting FBA: _____ Date by when FBA will be completed: _____ Date of meeting to develop hypothesis and plan (no more than 3 weeks) _____	
4. NO, intervention not successful: NO, plan was NOT implemented as intended. Determine next step.	
(a) Retrain the teacher (b) Modify the plan to make more feasible a. Date of meeting to develop modified plan _____ b. Date of next follow-up meeting (no more than 3 weeks) _____ (c) Select new interventions that are more acceptable and match the hypothesis a. Date of meeting to develop new plan _____ Date of next follow-up meeting (no more than 3 weeks) _____	
5. YES, intervention effective and YES, plan implemented as intended. Determine next step.	
(a) Extend the plan by implementing in another problematic routine or with other people (b) Establish new goal/increase criterion (c) Teach a new skill (d) Fade out parts of the plan Other (specify) _____	