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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Provider Progress Report of Behavior Support and Staff / Family Training and Consultation Services** |
| CLIENT NAME | DDA ID |
| REPORT SUBMITTED BY | DATE |
| **Summary of Behavior Specialist Visits and Other Involvement** |
| List dates and time involved in work provided on behalf of client and family. Include consultation, training, paperwork, data analysis, amended Functional Behavioral Assessment (FA) and/or Positive Behavior Support Plan (PBSP), team meeting, other support services (describe). Others involved include child, parent/guardian, other family, behavior technician(s), teacher, respite provider, other support provider. |
| DATE | TIME | DESCRIPTION OF WORK | OTHERS INVOLVED |
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| **Summary of Behavior Technician Visits and Other Involvement** |
| Complete as above, if provider is an agency providing both services. Include direct care time, training, team meeting, other. |
| DATE | TIME | DESCRIPTION OF WORK | OTHERS INVOLVED |
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| **Status of Current PBSP** |
| DATE OF CURRENT PBSP | DATE CURRENT PBSP IMPLEMENTED | Has the PBSP been updated since the last report?**[ ]**  Yes **[ ]**  No |
| If yes, what were the changes? (check all that apply)**[ ]**  Add goals **[ ]**  Remove goals **[ ]**  Change intervention strategy **[ ]**  Other:  |
| **Data Tracking** |
| DATA FOR PERIODBEGINNING  ENDING  | Attach data tracking sheets to this report and/or insert a graph of the data below. |

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| **Target Behavior 1** | BASELINE FREQUENCY( number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | INTENSITY(Very low, low, moderate, high, very high) | DURATION(Average number of minutes per incident) |
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| Goal: |

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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Target Behavior 2** | BASELINE FREQUENCY (number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | INTENSITY(Very low, low, moderate, high, very high) | DURATION(Average number of minutes per incident) |
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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Target Behavior 3** | BASELINE FREQUENCY (number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | INTENSITY(Very low, low, moderate, high, very high) | DURATION(Average number of minutes per incident) |
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| Goal: |

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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Positive Behavior Support Plan** |
| Are there new behaviors emerging that are not on the PBSP? **[ ]**  Yes **[ ]**  NoIf yes, new behavior description: |

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| **New Behavior** | CURRENT FREQUENCY(Number of incidents per day/week/month) | INTENSITY(Very low, low, moderate, high, very high) | DURATION(Average number of minutes per incident) |  |
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| Was the PBSP amended to address this new behavior? **[ ]**  Yes **[ ]**  NoIf yes, new goal: |

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| Proposed PBSP strategies: |

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| **Attach amended PBSP to this report.**If no, state reason for not amending plan at this time. |

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| Overall, is progress being made on the goals in the PBSP? **[ ]**  Yes **[ ]**  Minimal **[ ]**  NoIf minimal or no, what are the barriers to progress on the goals? |

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| Do you recommend amending the PBSP? **[ ]**  Yes **[ ]**  NoIf yes, why do you recommend amending the PBSP? |

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| **Target Skills** |
| **Target Skill 1** | BASELINE FREQUENCY (number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | BASELINLE DURATION(Average number of minutes per occurrence) | CURRENT DURATION(Average number of minutes per occurrence) |
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| Goal: |

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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Target Skill 2** | BASELINE FREQUENCY (number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | BASELINLE DURATION(Average number of minutes per occurrence) | CURRENT DURATION(Average number of minutes per occurrence) |
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| Goal: |

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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Target Skill 3** | BASELINE FREQUENCY (number of incidents per day/week/ month) | CURRENT FREQUENCY(Number of incidents per day/week/month) | BASELINLE DURATION(Average number of minutes per occurrence) | CURRENT DURATION(Average number of minutes per occurrence) |
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| Goal: |

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| Current PBSP Strategies: |

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| Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met) |

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| **Significant Behavioral Incidents**  |
| Provide details about each behavioral incident in the past month. (If more than 3, select the 3 most significant incidents) |
| **Incident #1** Describe incident: |

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| Please indicate any injuries that resulted from the behavior. |
|  | SELF | PARENT/GUARDIAN | SIBLING | OTHERHOUSEHOLDMEMBER | OTHERFRIEND/FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-PROFESSIONAL | OTHERADULT | OTHERSTUDENT |
| No injury but threatened or intimidated | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Physical contact but no visible marks | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Red mark that disappeared within a few hours | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise lasting more than a few hours but not requiring First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise requiring basic First Aid (band aid, ice pack, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Injury requiring more than basic First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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| Did this incident involve property damage? **[ ]**  Yes, extensive (more than $100) **[ ]**  Yes, minor (Less than $100) **[ ]**  NoWhere did this incident occur? **[ ]**  Home **[ ]**  School **[ ]**  CommunityHow long did the incident last? **[ ]**  Less than 1 minute **[ ]**  1 – 15 minutes **[ ]**  16 – 30 minutes **[ ]**  30 minutes to 1 hour **[ ]**  More than 1 hourWho was in charge of supervising the child at the time of the incident? (check all that apply) **[ ]**  Parent/guardian **[ ]**  Other household member **[ ]**  Other family **[ ]**  Friend or other unpaid person **[ ]**  Hired provider **[ ]**  Teacher **[ ]**  Aide or paraprofessional **[ ]**  Other school staffDid this person respond to the behavior according to the PBSP? **[ ]**  Yes **[ ]**  Partially **[ ]**  NoIf partially or no, were restrictive procedures used by a DDD service provider? **[ ]**  Yes **[ ]**  NoWhat prevented this person from responding to the behavior according to the PBSP?Was the child responsive to the intervention used? **[ ]**  Very much so **[ ]**  Somewhat **[ ]**  No impact **[ ]**  Got worse |
| Additional Comments: |

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| **Incident #2** Describe incident: |

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| Please indicate any injuries that resulted from the behavior. |
|  | SELF | PARENT/GUARDIAN | SIBLING | OTHERHOUSEHOLDMEMBER | OTHERFRIEND/FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-PROFESSIONAL | OTHERADULT | OTHERSTUDENT |
| No injury but threatened or intimidated | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Physical contact but no visible marks | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Red mark that disappeared within a few hours | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise lasting more than a few hours but not requiring First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise requiring basic First Aid (band aid, ice pack, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Injury requiring more than basic First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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| Additional Comments: |

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| **Incident #3** Describe incident: |

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| Please indicate any injuries that resulted from the behavior. |
|  | SELF | PARENT/GUARDIAN | SIBLING | OTHERHOUSEHOLDMEMBER | OTHERFRIEND/FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-PROFESSIONAL | OTHERADULT | OTHERSTUDENT |
| No injury but threatened or intimidated | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Physical contact but no visible marks | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Red mark that disappeared within a few hours | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise lasting more than a few hours but not requiring First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Cut or bruise requiring basic First Aid (band aid, ice pack, etc.) | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Injury requiring more than basic First Aid | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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| Did this incident involve property damage? **[ ]**  Yes, extensive (more than $100) **[ ]**  Yes, minor (Less than $100) **[ ]**  NoWhere did this incident occur? **[ ]**  Home **[ ]**  School **[ ]**  CommunityHow long did the incident last? **[ ]**  Less than 1 minute **[ ]**  1 – 15 minutes **[ ]**  16 – 30 minutes **[ ]**  30 minutes to 1 hour **[ ]**  More than 1 hourWho was in charge of supervising the child at the time of the incident? (check all that apply) **[ ]**  Parent/guardian **[ ]**  Other household member **[ ]**  Other family **[ ]**  Friend or other unpaid person **[ ]**  Hired provider **[ ]**  Teacher **[ ]**  Aide or paraprofessional **[ ]**  Other school staffDid this person respond to the behavior according to the PBSP? **[ ]**  Yes **[ ]**  Partially **[ ]**  NoIf partially or no, were restrictive procedures used by a DDD service provider? **[ ]**  Yes **[ ]**  NoWhat prevented this person from responding to the behavior according to the PBSP?Was the child responsive to the intervention used? **[ ]**  Very much so **[ ]**  Somewhat **[ ]**  No impact **[ ]**  Got worse |
| Additional Comments: |

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| **Summary of Antecedent, Behavior, Consequence (ABC) Incident Analysis**  |
| Description of incident: |

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| OBSERVER**[ ]**  Parent/guardian **[ ]**  Family member **[ ]**  Teacher **[ ]**  Provider **[ ]**  Other adult:  |
| PARTICIPANTS IN THE ANALYSIS |

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| DATE/TIME | ACTIVITY | ANTECEDENT | BEHAVIOR | CONSEQUENCE | COMMENTS |
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| **Medications**  |
| Does the child take medications to improve mental health or behavior? (Include supplements and other remedies)**[ ]**  Yes **[ ]**  No |
| CURRENT MEDICATION | PURPOSE | DOSAGE | CHECK IFCHANGED |
|  |  |  | **[ ]**  |
|  |  |  | **[ ]**  |
|  |  |  | **[ ]**  |
| Is a child psychiatrist involved? **[ ]**  Yes: Prescriber **[ ]**  Yes: Consultation Basis **[ ]**  NoAre medications working as intended? **[ ]**  Yes **[ ]**  No **[ ]**  Unable to DetermineHave medications changed since the last report? **[ ]**  Yes **[ ]**  NoIf yes, describe reason for the change and what the change is intended to accomplish: |

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| Do you recommend a medication review? **[ ]**  Yes **[ ]**  NoSince the last report, how many times was behavior medication given as a PRN (as needed)?  timesHave there been any significant illnesses since the last report? **[ ]**  Yes **[ ]**  NoIf yes, describe illness and effect: |

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