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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 PERIOD  BEGINNING  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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| 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 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  No  If 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  No  If 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  No  If minimal or no, what are the barriers to progress on the goals? |

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| Do you recommend amending the PBSP?  Yes  No  If 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 | OTHER  HOUSEHOLD  MEMBER | OTHER  FRIEND/  FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-  PROFESSIONAL | OTHER  ADULT | OTHER  STUDENT |
| 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)  No  Where did this incident occur?  Home  School  Community  How long did the incident last?  Less than 1 minute  1 – 15 minutes  16 – 30 minutes  30 minutes to 1 hour  More than 1 hour  Who 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 staff  Did this person respond to the behavior according to the PBSP?  Yes  Partially  No  If partially or no, were restrictive procedures used by a DDD service provider?  Yes  No  What 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 | OTHER  HOUSEHOLD  MEMBER | OTHER  FRIEND/  FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-  PROFESSIONAL | OTHER  ADULT | OTHER  STUDENT |
| 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)  No  Where did this incident occur?  Home  School  Community  How long did the incident last?  Less than 1 minute  1 – 15 minutes  16 – 30 minutes  30 minutes to 1 hour  More than 1 hour  Who 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 staff  Did this person respond to the behavior according to the PBSP?  Yes  Partially  No  If partially or no, were restrictive procedures used by a DDD service provider?  Yes  No  What 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 #3** Describe incident: |

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| Please indicate any injuries that resulted from the behavior. | | | | | | | | | | | |
|  | SELF | PARENT/  GUARDIAN | SIBLING | OTHER  HOUSEHOLD  MEMBER | OTHER  FRIEND/  FAMILY | STRANGER | ANIMAL | TEACHER | AIDE OR PARA-  PROFESSIONAL | OTHER  ADULT | OTHER  STUDENT |
| 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)  No  Where did this incident occur?  Home  School  Community  How long did the incident last?  Less than 1 minute  1 – 15 minutes  16 – 30 minutes  30 minutes to 1 hour  More than 1 hour  Who 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 staff  Did this person respond to the behavior according to the PBSP?  Yes  Partially  No  If partially or no, were restrictive procedures used by a DDD service provider?  Yes  No  What 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 IF  CHANGED |
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| Is a child psychiatrist involved?  Yes: Prescriber  Yes: Consultation Basis  No  Are medications working as intended?  Yes  No  Unable to Determine  Have medications changed since the last report?  Yes  No  If 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  No  Since the last report, how many times was behavior medication given as a PRN (as needed)?  times  Have there been any significant illnesses since the last report?  Yes  No  If yes, describe illness and effect: |

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