



**NV Instruction**

Make Life Better by Doing What Matters

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1. Individual's Name:

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2. Current Information

Reason for Referral:

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Primary Diagnoses:

Other Diagnosis 1

Other Diagnosis 2

Description of Housing:

- Family Home
- Group Home
- Sponsored Residential
- Supported Living
- Shared Living

Other Residents in Home:

Current Treatments Being Utilized:

- Companion Services
- Personal Assistance
- Respite
- REACH
- Group Day Services
- Group Supported Employment
- Individual and Family/Caregiver Training
- Individual Supported Employment
- In-Home Support Services
- Workplace Assistance
- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Counseling

## Define the Interfering Behavior

3. Describe the behavior that interferes with the effective and efficient implementation of the individual's service plan.

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\_\_\_\_\_  
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4. Identify the Frequency, Intensity, and Duration of Behavior 1

Behavior 1:

Frequency (How often?)

Per

- Minute
- Hour
- Day
- Week
- Month
- Year

Intensity (How severe)

- Mild (the behavior is bothersome to others)
- Moderate (the behavior is disruptive to the life of the individual or others)
- Severe (the behavior may be harmful or dangerous to self and/or others)

Duration (How long?)     Seconds     Minutes     Hours

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Additional Information

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5. Identify the Frequency, Intensity, and Duration of Behavior 2

Behavior 2:

Frequency (How often?)

Per

- Minute  Hour  Day  
 Week  Month  Year

Intensity (How severe)

- Mild (the behavior is bothersome to others)  
 Moderate (the behavior is disruptive to the life of the individual or others)  
 Severe (the behavior may be harmful or dangerous to self and/or others)

Duration (How long?)  Seconds  Minutes  Hours

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Additional Information

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6. Where is the behavior most likely to occur?

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7. Where is the behavior least likely to occur?

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8. When is the behavior most likely to occur?

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9. When is the behavior least likely to occur?

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10. With whom is the behavior most likely to occur?

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11. With whom is the behavior least likely to occur?

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12. Antecedents: What typically occurs before the behavior? How is the behavior escalated?

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13. Consequences: What typically happens after the behavior occurs?

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14. Ratio of Behavior Specific Praise to Demand or Corrections - What are the interactions between the individual and the people who support them?

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## Background Information

15. Existing Data Review (Summarize relevant background and previously collected information, including school history, day program, work, and housing arrangements).

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16. Current Medications and Possible Interactions

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17. Current Environment (Describe the current environment including any additional services).

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18. Setting Events (Describe important events that are occurring in the individual's life)

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19. Strengths, Preferences, and Interests (Describe the individual's strengths, preferred items/activities/people, and any special interests they have in this environment).

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## Hypothesis

20. Identify the function or the purpose of the behavior: Under X conditions, the individual exhibits the behavior which results in . (Examples of functions include positive reinforcement such as access to an item or activity, attention, avoidance/escape, or automatic reinforcement).

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## Recommendations for Behavior Intervention Plan

21. Replacement Behaviors (Identify what the individual should do instead of the disruptive or dangerous behavior. Include an objective, measurable behavior goal).

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22. Antecedent/Environmental Changes (What antecedent manipulations need to be made to reduce the likelihood that the disruptive/dangerous behavior will occur or increase the likelihood that the replacement behavior will occur? Examples include noncontingent reinforcement, changing the schedule, varying the times of activities, enriching the environment, using different materials, changing activities, or changing people in the environment.)

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23. Instructional Interventions (What skills need to be taught to increase the occurrence of the replacement behavior?)

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24. Response Interventions for Replacement Behaviors. (What is the system of reinforcement to be used when the individual exhibits the replacement behavior?)

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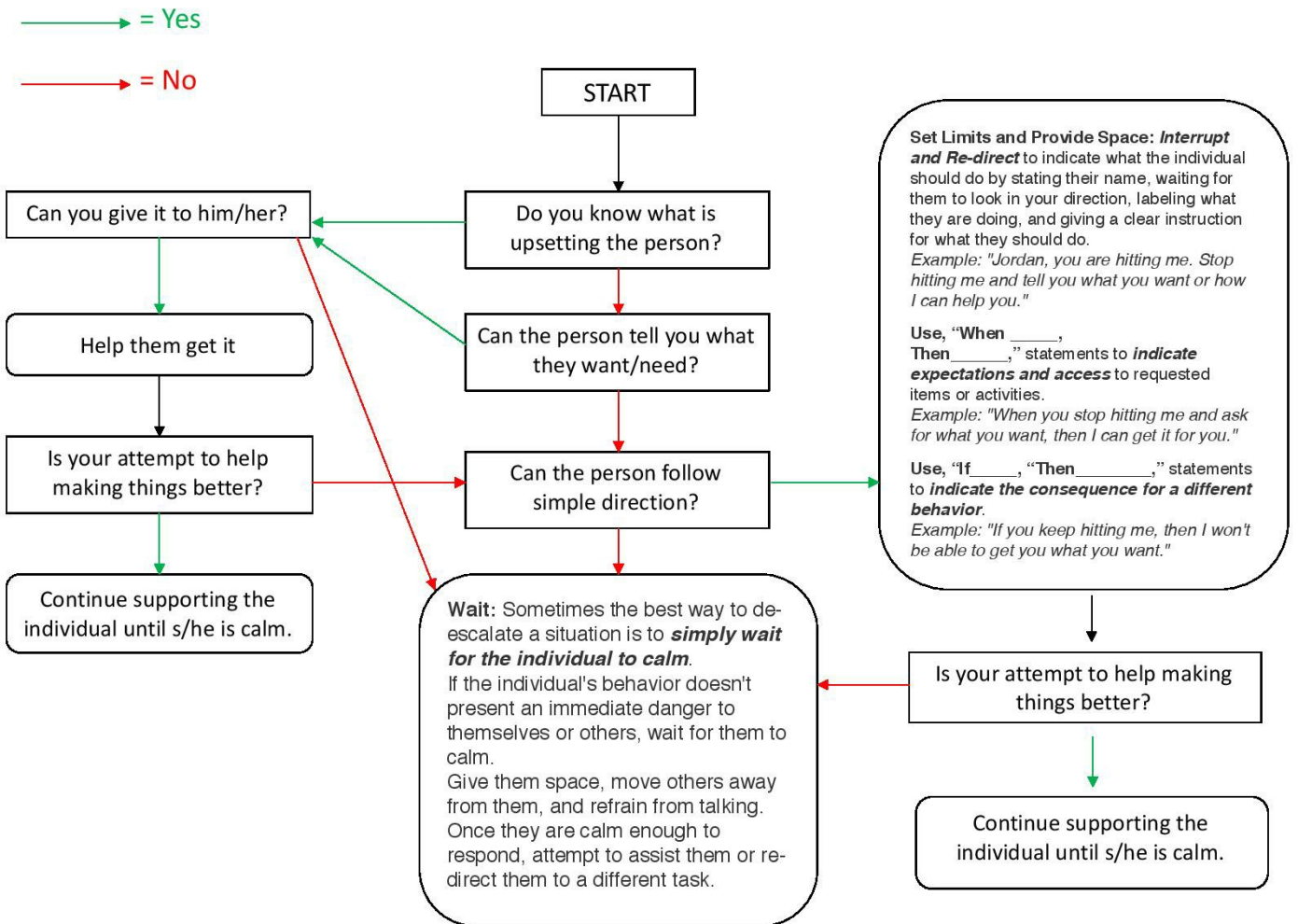
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25.

DE-ESCALATION FLOWCHART



26.

**Discharge Criteria**

Discharge, including transition to a lower level of services, should occur when one of the following applies:

A. No meaningful or measurable improvement has been documented in the individual's behavior(s), despite receiving services according to the treatment plan, indicating a need for more intensive services or referral to an alternative intervention; there is reasonable expectation that the family and/or caregivers are adequately trained and able to implement the behavior plan and maintain the skills acquired; and termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.

B. Treatment is making the symptoms persistently worse or individual is not medically stable for behavioral therapy to be effective.

C. The individual has achieved adequate stabilization of the challenging behavior and less intrusive modes of therapy are appropriate, or the individual has mastered the treatment goals.

D. The individual demonstrates an inability to maintain long term gains from the proposed plan of treatment. E. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior plan.

Consultant Signature

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Signature