Behavior Support Plan Review

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| NAME: |  | BSP Date: |  |

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| *Areas of Consideration* | *Present* | *Not*  *Present* | Comments |
| Consent by individual or guardian |  |  |  |
| Target behaviors identified |  |  |  |
| Baseline rates of target behaviors are indicated |  |  |  |
| Function of behavior information is summarized |  |  |  |
| Desired alternate behaviors are identified |  |  |  |
| Evidence that environmental modifications have been considered |  |  |  |
| Methods for teaching alternate behaviors are identified |  |  |  |
| Methods of staff response to the target behavior(s) are identified |  |  |  |
| Evidence of a data collection methodology |  |  |  |
| If restrictive elements are present, there is evidence of review by Behavior Management Committee |  |  |  |

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| Reviewer Signature: |  | Date: |  |