

Individual/ Behavioral Plan Training Form

Individual's Name			
IP Date		BP Date	
Coordinator's Name			
Staff Name and Signature	Print:		Sign:
Date Training is Completed			
Trainers Signature			

Home and Community Based Goal # 1

a) How will you implement goal #1 for this individual?

b) When will you implement goal #1?

c) What data will you collect on goal # 1?

Home and Community Based Goal # 2

a) How will you implement goal #2 for this individual?

b) When will you implement goal #2?

c) What data will you collect on goal # 2?

Home and Community Based Goal # 3

a) How will you implement goal #3 for this individual?

b) When will you implement goal #3?

c)

What data will you collect on goal #3?

1. Why is there a picture of the individual in the book?
_____.

2. List 3 community based activities this individual may be interested in participating in, based on the IP.

3. What relationships does this individual have outside of the residential program or day program? i.e. family, friends, etc.

4. Is this individual self-medicating? ___ YES ___ NO

5. Is this individual able to regulate his/her own water temperature? ___ YES ___ NO

6. Does this individual require the support of a formal behavior plan? ___ YES ___ NO

If no please go to question no# 7.

- What are the Target Behaviors/Behaviors to Decrease for this individual?

- What are the Desired Outcomes/Behaviors to Increase?

- What are the Potential Reinforcements for this individual?

- What are the Goals and Objectives of the Behavior Plan?

- What are the Proactive/Antecedent Strategies

7. Does the individual have any unsupervised time? ___ YES ___ NO

(if yes, how much) ___ Hours in the HOME ___ Hours in the COMMUNITY

8. Are there any individualized trainings required for staff working with this individual? ___ YES ___ NO

If YES, list them: _____

9. What is the staff ratio when working with the individual? ___ : ___

Does this individual have any hours of add on support? ___ YES ___ NO

10. Does this individual have an IP spending limit? ___ YES ___ NO

If so, what is the IP limit? _____