

Individual/ Behavioral Plan Training Form

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

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

- a) They look good in pictures.
- b) For Identification purposes.
- c) They wanted a picture of themselves.

My Residential Person Plan

<u>"About Me"</u>

- 1. Who is the individual's guardian? Mark all that Apply
 - a) **DSS** (Department of Social Services)
 - b) **Self** (He/ She is her own guardian)
 - c) **DHHS** (Department of Health and Human Services Appointed guardian)
 - d) Another Court appointed person (Family member /significant other/ et cetera)

2. What is the residential staff ratio when working with the individual? (# of staff : # of individuals)

- a) 1:1
- b) 1:2
- c) 1:3
- d) 1:4
- e) 2:3
- f) 2:5
- g) 3:5
- h) Other:
- 3. Does this individual have any hours of add on support?
 - a) Yes
 - b) No
- 4. Does the individual have any unsupervised time?
 - c) Yes
 - d) No



- 5. How many hours of **UNSUPERVISED TIME** the individual have in the **HOME**?
 - a) 1 Hours
 - b) 2 Hours
 - c) 3 Hours
 - d) 4 Hour
 - e) Other:
 - f) 0 hours, the individual <u>does not</u> have any unsupervised time at home.

6. How many hours of **UNSUPERVISED TIME** the individual have in the **COMMUNITY**?

- a) 1 Hour
- b) 2 Hours
- c) 3 Hours
- d) 4 Hours
- e) Other: hours minutes
- f) 0 hours, the individual <u>does not</u> have any unsupervised time in the community.

"An average day for me"

- 1. What Vocational/School program is the individual attending?
 - a) Center for Social Change
 - b) NCIA
 - c) Arc of Howard
 - d) Arc of Baltimore
 - e) North Star Special Services
 - f) Chimes Milford Mill
 - g) Chimes Intervals
 - h) Humanim
 - i) Athelas
 - j) Spectrum
 - k) Baltimore City Community College
 - l) Baltimore County Community College
 - m) Maryland School for the Blind
 - n) Retired.
 - o) Other:

"How Independent am I, you ask?"

- 1. Is this individual self-medicating?
 - a) Yes, Individual can take medication by himself
 - b) No, Staff are responsible for medical administration
- 2. Is this individual able to regulate his/her own water temperature?
 - a) Yes, individual knows how to adjust the water temperature
 - b) No, Staff are responsible to assist the individual



"Things I do For Fun"

- 1. What are some communities based activities this individual may be interested in participating in? Mark all that Apply.
 - a) The Park
 - b) Restaurants
 - c) Convenience Store (7-Eleven, Royal Farms, Rite Aid, Et Cetera)
 - d) The Pool
 - e) Amusement Parks
 - f) Recreational Centers (YMCA, Randallstown Rec Center, Gyms, Et Cetera)
 - g) Bowling Alleys
 - h) Retail Stores
 - i) The Mall
 - j) The Public Library
 - k) Religious Centers
 - l) Sports Venues (Sports Arena/Stadiums/Complex, Baseball Parks, Billiard Halls, Skating Rinks, Et Cetera)
 - m) Entertainment Venues (Movie Theater, Casinos, Circuses, Amusement/Video Arcades, Et Cetera)
 - n) Educational Venues (Museums, Aquarium, Performing Art Centers, Educational Institutes, Et Cetera)
 - o) Festival Venues (Fairgrounds, Royal Farms Arena Events, Et Cetera)
 - p) Music Venues (Club 1111, Concerts or Musical Performances, Concert halls, Et Cetera)
 - q) Does not really like to go out in the community and prefers to stay at home.
 - r) Other:
- 2. What are some of the dislikes of the individual? Mark all that Apply
 - a) Loud noises
 - b) Crowds (Crowded Places)
 - c) Participating in hygiene (Showers, Brushing Teeth, wearing clean clothes. Et cetera)
 - d) Changes in their routines
 - e) Changes in their environment
 - f) Being Giving orders
 - g) Furniture
 - h) Being Clean
 - i) Other:

"People who are important to me!"

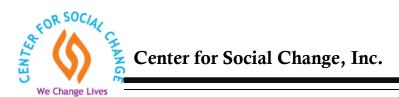
- 3. What relationships does this individual have outside of the residential program or day program? i.e. family, friends, etc. **Mark all that Apply**
 - a) Mom
 - b) Foster/Step Mom
 - c) Dad
 - d) Foster/Step Dad
 - e) Sister(s)
 - f) Brother(s)
 - g) Son
 - h) Daughter
 - i) Friends
 - j) Case Workers
 - k) Extended Family Members (grandparents, aunts, uncles, cousins, nieces/nephews, in-laws)
 - l) Individual doesn't have any relationship outside the residential program or day program.



"My Health and Wellness!"

- 1. What allergies does the individual have? Mark all that Apply
 - a) NKDA (No Known Drug Allergies)
 - b) Food Allergies:
 - c) Medication Allergies
- 2. Does this individual require the support of a formal behavior plan?
 - e) Yes
 - f) No
- 3. How many target behaviors are in the behavioral plan to decrease?
 - a) 1 target behavior
 - b) 2 target behaviors
 - c) 3 target behaviors
 - d) 4 target behaviors
 - e) 5 target behaviors
 - f) More than 6 target behaviors
 - g) 0 target behaviors. The individual does not require the support of a Behavior Plan.
- 4. Are there any specialized trainings required for staff working with this individual?
 - a) Yes
 - b) No
- 5. What are the specialized trainings required for staff working with this individual? Mark all that Apply.
 - a) The individual does not require any specialized trainings
 - b) **BPS** (Behavioral Principals and Strategies)
 - c) **NPOC** (Nursing Plan of Care)
 - d) Choking Risk
 - e) Seizure
 - f) Diabetes
 - g) Catheter
 - h) Ostomy
 - i) Oral Suctioningj) Gastrostomy Tube (G-tube)
 - k) Nutrition (Special Food Preparation, Feeding Protocol or Diet Restrictions)
 - l) Lifting/Transfer
 - m) Fingersticks: Blood Sugar Monitoring
 - n) Epipen Injection
 - o) Wound Care
 - p) Inhaler
 - q) Turning/Positioning
 - r) Vital Signs Checks (B/P, Pulse, Respirations or Temperature)
 - s) Hoyer Lift
 - t) Walker
 - u) Wheelchair
 - v) **CPAP** (continuous positive airway pressure)
 - w) Diastat
 - x) Anti-Embolism stockings
 - y) Orthotic Devices (inserts, AFOs, foot braces, KAFOs, HKAFOs, Knee Orthotics, THKAFOs, Prophylactic Braces, orthopedic shoes, shoe modifications, arch supports, heel modifications, other Orthotic support)
 - z) Medical Bedsaa) Nebulizers
 - bb) Oxygen
 - cc) Suppository Administration
 - dd) Constipation
 - ee) Fleets Enema
 - ff) Other:

6600 Amberton Drive ~ Elkridge, Maryland~21075 Office: 410-579-6789~Fax: 410-796-1201~Toll Free: 1-800-269-0383~TTY: 410-579-6913 info@centerforsocialchange.org



"My Finances!"

- 1. What is the individual IP spending limit?
 - a) The individual has an IP spending limit of \$
 - b) \$0, the individual does not have an IP spending limit.

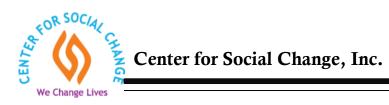
"MY HOME BASED GOALS"

- 1. How many Residential Goals is the individual working on?
 - a) 1
 - b) 2
 - c) 3
 - d) 4

Goal 1:

1. What is the First Home and Community Based Goal?

- 2. How will you implement goal #1 for this individual? Mark all that Apply.(Teaching Method)
 - a) Supervise/Monitor
 - b) Provide Full Physical Support
 - c) Provide Motivation
 - d) Provide Partial Assistance
 - e) Provide Prompts
 - f) Provide Transportation
- 3. When will you implement goal #1? (Schedule and Frequency)
 - a) Once a week
 - b) 2 times a week
 - c) 3 times a week
 - d) 4 times a week
 - e) 5 times a week
 - f) 6 times a week
 - g) Every Day
 - h) Bi-Weekly (Every two weeks or twice a week.)
 - i) At least one time before his Annual IP Meeting.
- 4. What data will you collect on goal # 1? Mark all that Apply. (Scoring Method)
 - a) Prompt Levels (e.g. Verbal, Partial Physical, Hand over Hand, Other)
 - b) Duration
 - c) Completion (e.g. Yes, No, Refusal, Other)
 - d) Activity Name
 - e) Location
 - f) Individual Satisfaction
 - g) Other:



Goal 2:

- 1. What is the Second Home and Community Based Goal?
- 2. How will you implement goal #2 for this individual? Mark all that Apply. (Teaching Method)
 - g) Supervise/Monitor
 - h) Provide Full Physical Support
 - i) Provide Motivation
 - j) Provide Partial Assistance
 - k) Provide Prompts
 - l) Provide Transportation

3. When will you implement goal #2? (Schedule and Frequency)

- j) Once a week
- k) 2 times a week
- l) 3 times a week
- m) 4 times a week
- n) 5 times a week
- o) 6 times a week
- p) Every Day
- q) Bi-Weekly (Every two weeks or twice a week.)
- r) At least one time before his Annual IP Meeting.
- 4. What data will you collect on goal # 2? Mark all that Apply. (Scoring Method)
 - h) Prompt Levels (e.g. Verbal, Partial Physical, Hand over Hand, Other)
 - i) Duration
 - j) Completion (e.g. Yes, No, Refusal, Other)
 - k) Activity Name
 - l) Location
 - m) Individual Satisfaction
 - n) Other:



Behavioral Support Plan

II ASSESMENT

- 1. What are the Target Behaviors/Behaviors to Decrease for this individual? Mark all that Apply.
 - a) Physical Aggression
 - b) Verbal Aggression
 - c) Self-Injurious Behaviors (SIB)
 - d) Property Destruction
 - e) PICA
 - f) Making False Statements/Allegations
 - g) Elopement
 - h) Inappropriate Sexual Behavior
 - i) Unsafe Eating
 - j) Sexual Predatory Behavior
 - k) Refusal to Complete Activities of Daily Living
 - l) Refusal to Complete Agreed Upon Tasks
 - m) Agitation leading to refusal to complete activities or causing disruption
 - n) Fecal Smearing
 - o) Stuffing Toilets
 - p) Fire Starting
 - q) Inappropriate or unwanted touching
 - r) Tantrum Behavior
 - s) Other:

III FUNCTIONAL ASSESMENT

- 2. What are the Desired Outcomes?
 - a) To have 0 incidents of target behaviors.
 - b) To maintain the individuals current target behaviors.
- 3. What are the Goals and Objectives of the Behavior Plan?
 - a) There are no goals.
 - b) To increase socially appropriate behaviors.
 - c) To have fun.
- 4. What are the Potential Reinforcements for this individual? Mark all that Apply.
 - a) Going to Favorite Community Place
 - b) Eating out
 - c) Watching Favorite T.V Program
 - d) Watching Favorite Movie.
 - e) Playing favorite Games.
 - f) Car Rides
 - g) Music
 - h) Time with Family
 - i) Painting
 - j) Arts and Crafts
 - k) Calling someone close to them.
 - l) Video Games
 - m) Computer
 - n) Other:



IV SUPPORT STRATEGIES AND PROCEDURES METHODS OF INCREADING ADAPTIVE BEHAVIORS

- 5. What is the Proactive/Antecedent Strategy? Mark all that Apply.
 - a) Maintain an adult to adult communication style.
 - b) Refrain from using judgmental language.
 - c) Structure Schedule and Routine.
 - d) Provide immediate attention and response
 - e) Complete requests on a timely manner.
 - f) Provide Positive feedback or praise when individual has completed a task or accomplishment.
 - g) Other: