

## Individual/ Behavioral Plan Training Form

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

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

### "About Me"

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 **does not** 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 **does not** 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 Suctioning
  - j) 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 Beds
  - aa) Nebulizers
  - bb) Oxygen
  - cc) Suppository Administration
  - dd) Constipation
  - ee) Fleets Enema
  - ff) Other:

**“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 INCREASING 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: