

Individual/ Behavioral Plan Training Form (Children)

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

"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) 2:3
 - e) 3:5
 - f) 4:5
 - g) Other: :

3. Does the individual have any unsupervised time within the home ?
 - a) Yes
 - b) No

4. Does the individual require line of sight at all time?
 - a) Yes
 - b) No

“An average day for me”

1. What Vocational/School program is the individual attending?
 - a) Children’s Guild
 - b) Maiden Choice
 - c) Milford Mill Middle
 - d) Winand
 - e) Randallstown Elementary
 - f) Randallstown High
 - g) Ridge Ruxton
 - h) White Oak
 - i) Maryland School for the Blind
 - j) 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?
 - c) Yes
 - d) 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’s weekly allowance?
 - a) The individual has an allowance of
 - b) \$0, the individual does not have an allowance.

“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?
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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: