

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Behavior Support Plan Review

Name of individual: _____

BSP Date: _____

Names of Reviewers: _____

Date of Review: _____

<i>Areas to Consider</i>	<i>Present</i>	<i>Not Present</i>	<i>Comments</i>
Consent by individual or guardian			
Target behaviors identified			
Baseline rates of target behaviors are indicated			
Functional assessment 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 a Behavior Management Committee.			