

POSITIVE BEHAVIOR SUPPORT EVALUATION©**COVER SHEET**

The following form will be used to assess the effectiveness of Positive Behavior Support activities for our consumers. Team facilitators are responsible for insuring every team member completes the evaluation approximately three (3) months following the implementation of an initial behavior support plan. Initial evaluations should be completed prior to the end of the school year even if the plan has been implemented for less than three (3) months. In cases where technical assistance continues in subsequent years, evaluations should be completed after the behavior support plan has been in place for at least four (4) months.

Team facilitators are also reminded that, for at least the first time this evaluation is completed, we would prefer that it be a team activity. In other words, we request that the facilitators hold a group meeting with members of the team, and facilitate each of them in completing their own form. This is not an activity that requires consensus or discussion. Each team participant is simply to be assisted in understanding the items requested and in completing their evaluation correctly. This is not an opportunity for people to try to impact the evaluation of team members, including parents, family members, administrators, etc. After the entire evaluation packet has been completed, team facilitators may wish to discuss individual items and issues with the team as a whole for them to process their response to the item. However, prior to group discussion, please collect the completed evaluations before this discussion occurs and submit them to the Florida PBS Project.

HOW TO COMPLETE THE POSITIVE BEHAVIOR SUPPORT**EVALUATION PACKET****I. Background Information**

1. The Background Information section is fairly self-explanatory and should be able to be completed in one to two minutes. The team facilitator may complete the common elements at the top portion of the page prior to distributing them to team members.
2. Team participants will individually complete their personal identifying information, original and current educational placement, and the level of current training/technical assistance.
3. The facilitator may need to answer questions about what is meant by particular items in the educational placement checklist.

II. Behavioral Outcomes

1. The team facilitator must guide the team in the identification of the top 3 problem behaviors prior to rating changes that have occurred in behaviors. If there are three (3) or fewer identified problem behaviors, or if the team has previously identified the 3 priority problem behaviors, the team facilitator can fill in the blanks identifying the problem behaviors prior to handing out the evaluations.
2. Team participants circle their response rating the frequency, severity, and duration of each problem behavior.
3. Encourage team members to provide other comments in the space provided.

III. **Behavioral Strategies**

1. Likewise, the team facilitator will assist the team in identifying strategies used to support the child prior to their completing the items. Items 1 – 3 should reflect the top 3 strategies from the behavior support plan. Members should complete item 4 if any new strategies have been implemented that were not part of the behavior support plan or if there have been significant modifications to any of the original strategies. It is our recommendation that teams go through the evaluation packet together the first time it is completed. Do not give it to individuals and let them proceed at their own pace. Support and encourage everyone to wait on other members of the team to complete each section before moving on to the next section.
2. Team participants rate each strategy's effectiveness, ease of use, consistency of use, and databased monitoring using the 5-point scale in the shaded region at the top of the table.
3. Team participants should be encouraged to use the shaded region in the right column of the table to briefly describe any barriers to implementing these strategies. Also, space is provided for members to make other comments regarding the use of these strategies.

IV. **Alternative Behaviors**

1. The team leader must guide the team in the identification of the top 3 alternative behaviors prior to rating changes that have occurred in behaviors. If there are three (3) or fewer identified problem behaviors, or if the team has previously identified the 3 priority problem behaviors, the team facilitator can fill in the blanks identifying the problem behaviors prior to handing out the evaluations.
2. Team participants circle their response rating the frequency, severity, and duration of each problem behavior.
3. Encourage team members to provide other comments in the space provided

V. **Educative Strategies**

1. As in the Behavior Strategies section, the team facilitator will assist the team in identifying educative strategies used to support the child prior to their completing the items. Items 1 – 3 should reflect the top 3 strategies from the behavior support plan. Members should complete item 4 if any new strategies have been implemented that were not part of the behavior support plan or if there have been significant modifications to any of the original strategies. Again, it is our recommendation that teams go through the assessment together the first time it is completed. Do not give it to individuals and let them proceed at their own pace. Support and encourage individuals to wait on other members of the team to complete the assessment before moving on to the next section.
2. Team participants rate each strategy's effectiveness, ease of use, consistency of use, and data-based monitoring, using the 5 point scale in the shaded region at the top of the table.

3. Team participants should be encouraged to use the shaded region in the right column of the table to briefly describe any barriers to implementing these strategies. Also, space is provided for members to make other comments regarding the use of these strategies.

VI. Quality of Life

1. When team participants are beginning to complete the quality of life portion of the survey, read the information contained in the box at the top of the page to the team. Be sure to remind respondents that we are looking for changes in that child's life since the implementation of the behavior support plan.
2. There may be instances when team participants are unsure of what is meant by an individual item. Please feel free to discuss with them what the item is asking for; do not initiate a group discussion on how participants feel about that item. Do not allow them to discuss their responses at this time.
3. Encourage team members to provide other comments in the space provided

VII. Team Process

1. Prior to beginning the Team Process section, read the section within the enclosed box at the top of the page to team participants. Be willing to address issues they may have about the meaning of particular questions but, again, do not encourage them to discuss their relative responses to particular items.
2. Encourage team members to complete the open-ended questions at the end of this section.

Positive Behavior Support Evaluation

I. Background Information

Team Member Completing Form: _____

Team Member Role: _____ Today's Date: _____

Name of Focus Child: _____ D.O.B.: _____

Child's Current School: _____

Date PBS Process Began: _____ Date Intervention Began: _____

**Original
Educational
Placement**

-
-
-
-
-
-
-

**Current
Educational
Placement**

-
-
-
-
-
-
-

- General education (w/no intervention)**
- Supportive intervention in a general education classroom**
- Supplemental intervention in a general education classroom**
- Supplemental intervention in a resource room**
- Part-time special education classroom**
- Full-time special education class in a local public school**
- Full-time special education class outside local public school**

Is PBS training/technical assistance continuing? If so, at what level? _____

II. Behavioral Outcomes

Please list the target behaviors that prompted the development of an individualized behavior support plan (e.g. challenging or problematic behaviors). Also, indicate the frequency, severity and duration of the behaviors since the implementation of the PBS intervention plan.

Problem Behavior	Frequency (circle one)	Severity (circle one)	Duration (circle one)
1. _____ <i>occurs</i>	more often, the same amount, less often,	<i>is</i> more severe, the same severity, less severe,	<i>and occurs for</i> a longer time. the same time. a shorter time.
2. _____ <i>occurs</i>	more often, the same amount, less often,	<i>is</i> more severe, the same severity, less severe,	<i>and occurs for</i> a longer time. the same time. a shorter time.
3. _____ <i>occurs</i>	more often, the same amount, less often,	<i>is</i> more severe, the same severity, less severe,	<i>and occurs for</i> a longer time. the same time. a shorter time.

III. Behavioral Strategies

Now, please list the 3 top strategies of the PBS Plan implemented to support and assist the child in managing the challenging behaviors described in the previous chart. Using the rating scale below, rate the effectiveness of each strategy, the ease of use, and consistency of implementation. Briefly indicate any barriers (if any) to the effectiveness and/or use of the strategies identified.

Not at all 1	2	Somewhat 3	4	Extremely 5
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Strategy	Effective	Easy to Use	Consistently Used	Data-based monitoring used	Barriers
1.					
2.					
3.					

Are there any new strategies that have been implemented since the original plan or have significant adaptations been made to strategies in the original plan? If so, list below and rate using the above scale.

4.					
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Other comments regarding the use of these strategies _____

IV. Alternative Behaviors

Please list those behaviors (i.e. alternative or replacement skills identified in the individualized behavior support plan) that are habilitative and that help the child to gain respect from others. Also indicate the frequency, appropriateness of use and the child's independence in using the alternative behavior(s) since the implementation of the PBS Plan as compared to the child's use prior to the PBS process.

Alternative/ Replacement Behavior	Frequency of use (circle one)		Appropriateness of use (circle one)		Independence of use (circle one)	
1. _____	<i>is</i> <i>used</i>	More often, the same amount, less often,	<i>is</i> <i>used</i>	inappropriately, appropriately,	<i>and</i> <i>is</i> <i>used</i>	more independently no change less independently
2. _____	<i>is</i> <i>used</i>	more often, the same amount, less often,	<i>is</i> <i>used</i>	inappropriately, appropriately,	<i>and</i> <i>is</i> <i>used</i>	more independently no change less independently
3. _____	<i>is</i> <i>used</i>	more often, the same amount, less often,	<i>is</i> <i>used</i>	inappropriately, appropriately,	<i>and</i> <i>is</i> <i>used</i>	more independently no change less independently

Are there any new strategies that have been implemented since the original plan or have significant adaptations been made to strategies in the original plan? If so, list below and rate using the above scale.

4. _____	<i>is</i> <i>used</i>	More often, the same amount, less often,	<i>is</i> <i>used</i>	inappropriately, appropriately,	<i>and</i> <i>is</i> <i>used</i>	more independently no change less independently
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Other comments regarding the use of these skills _____

V. Educative Strategies

Now, please list any strategies that have been used in an attempt to support the child in learning and using the alternative behaviors in the table above. Using the rating scale below, rate the effectiveness of each strategy, the ease of use, and consistency of implementation. Briefly indicate any barriers to the effectiveness and/or use of the strategies identified.

	Not at all 1	2	Somewhat 3	4	Extremely 5	
Strategy	Effective	Easy to Use	Consistently Used	Data-based monitoring Used	Barriers	
1.						
2.						
3.						

Are there any strategies that have been implemented other than those in the original plan or significant adaptations to strategies in the original plan? If so, list below and rate using the above scale.

4.					
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Other comments regarding the use of these strategies_____

VI. Quality of Life

For the table below, please rate the following aspects of the child's life by circling the appropriate response based upon the rating scale below. Answer each questions based on the child's life circumstances since the implementation of the PBS intervention Plan.

	Much Worse	Somewhat Worse	No Change	Somewhat Better	Much Better	Not Applicable		
	1	2	3	4	5	NA		
1.			1	2	3	4	5	NA
	The child's relationships with family members (i.e. parents, siblings) are...							
2.			1	2	3	4	5	NA
	The child's relationship with peers is...							
3.			1	2	3	4	5	NA
	The amount of time the child has spent interacting with peers is...							
4.			1	2	3	4	5	NA
	The child's participation in activities of their choice is...							
5.			1	2	3	4	5	NA
	The child's ability to make decisions about day-to-day activities is...							
6.			1	2	3	4	5	NA
	The child's ability to express personal preference is...							
7.			1	2	3	4	5	NA
	The relationships the child has with members of the community (i.e. store clerks, neighbors, servers) are...							
8.			1	2	3	4	5	NA
	The response the child receives from peers is...							

9.	The child's ability to engage in leisure activities with peers is...	1	2	3	4	5	NA
10.	The child's relationship with teachers and school personnel is...	1	2	3	4	5	NA
11.	The child's satisfaction with their current education situation is...	1	2	3	4	5	NA
12.	The child's access to activities that are personally stimulating is...	1	2	3	4	5	NA
13.	The child's willingness to attempt new tasks is...	1	2	3	4	5	NA
14.	The child's ability to learn new skills is...	1	2	3	4	5	NA
15.	The child's self-confidence is...	1	2	3	4	5	NA
16.	The child's emotional stability is...	1	2	3	4	5	NA
17.	The child's satisfaction with their level of independence is...	1	2	3	4	5	NA
18.	The child's general happiness is...	1	2	3	4	5	NA
19.	The child's general health and well being is...	1	2	3	4	5	NA
20.	As a result of PBS, I feel that child's quality of life is...	1	2	3	4	5	NA

Is there anything else about the child's quality of life that you would like to tell us? _____

VII. Team Process

The following items relate to the functioning and effectiveness of the PBS team throughout the process. Please rate each item on the following scale:

		Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree	Not Applicable NA		
		1	2	3	4	5			
1.	The team shares common goals.			1	2	3	4	5	NA
2.	The team has a common vision for the focus child.			1	2	3	4	5	NA
3.	All team members participate effectively in the process.			1	2	3	4	5	NA
4.	Each team member's goals for the focus child are recognized in the process and planning.			1	2	3	4	5	NA
5.	The interactions between agencies, support providers, and family members are productive.			1	2	3	4	5	NA
6.	The team is able to collectively problem solve.			1	2	3	4	5	NA
7.	The team facilitators are effective in guiding the team through the PBS process.			1	2	3	4	5	NA
8.	The team works together to address the focus person's needs.			1	2	3	4	5	NA
9.	Team members are meeting identified timelines consistently.			1	2	3	4	5	NA
10.	The team is able to agree on strategies for the focus individual.			1	2	3	4	5	NA
11.	School-based administrative support was available to the team.			1	2	3	4	5	NA
12.	District-based administrative support was available to the team.			1	2	3	4	5	NA
13.	The educational system has been flexible in the team's responses to the needs of the focus child.			1	2	3	4	5	NA
14.	The degree of local control over settings and resources was adequate to support the process.			1	2	3	4	5	NA
15.	The team structure and functioning was disrupted due to systems issues in the school or district.			1	2	3	4	5	NA

16.	School policies and procedures supported the PBS process.	1	2	3	4	5	NA
17.	The agencies that agreed to work with the team to meet the focus child's needs continue to be involved.	1	2	3	4	5	NA
18.	There has been an increase in the number of agencies that support the individual.	1	2	3	4	5	NA
19.	My vision for a positive future for this child has improved.	1	2	3	4	5	NA

What supported the Team most in working collaboratively to develop and implement an effective intervention plan for the focus child?

What impeded the Team most in working collaboratively to develop and implement an effective intervention plan for the focus child?

What are the issues most critical for the success of the Team as they go through the PBS process?
