

Behavior Support Plan Fidelity Checklist

Client: _____ Caregiver/Assistant: _____ Week of: _____

Interventions: How did we support _____'s behavior?

Circle One: A=Always, S=Sometimes, N=Never, NA=Not Applicable

Prevention	Dates:							
Avoided circumstances that trigger problems:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Made difficult circumstances more enjoyable:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Prepared for situations and new expectations:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Other:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Teaching								
Prompted to communicate or meet his or her own needs:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Encouraged him/her to engage in desirable behavior:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Management								
Provided rewards for positive behavior:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Withheld rewards following problem behavior:		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Other (e.g., logical or natural consequences):		A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA

_____ 's behavior: How did the child behave?

Used words/gestures/signs/pictures to communicate needs:	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Participated in required activities (e.g., chores, self-care, school):	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA	A S N NA
Engaged in behaviors of concern (how many times or how long?):	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____