

Components of a Successful Classroom

In Place	Somewhat in Place	Not in Place	Components
			Are the classroom rules/expectations posted (3-5 rules, positively stated)?
			Have the rules/expectations been systematically taught and reviewed?
			Are there positive consequences/rewards (more than verbal praise)?
			Are there procedures to address students who are not following classroom expectations posted and consistently implemented?
			Is a daily class schedule posted large enough for all students to see? Does the teacher refer to/explain daily schedule and any schedule changes?
			Is there at least a 4:1 ratio of positive to negative consequences for academic and behavioral responses implemented? <u>Examples of positive:</u> verbal praise (e.g., good job finishing your work), thumbs up, points on point chart, and classroom bucks <u>Examples of negative:</u> redirection, verbal reprimand, school detention, and response cost
			Have classroom routines been established and systematically taught (i.e., entering the classroom, procedures to go to the bathroom, get help from the teacher, and sharpen your pencil)?
			Are transitions between activities structured (i.e. moving from one activity to the next)?
			Is unstructured time kept to a minimum, and are students engaged through high opportunities to respond and check for understanding?
			Is the academic material presented at the students' instructional level? How do you know?
			Is students' academic and behavioral performance monitoring done by circulating among students (e.g., moving around the room while students are working in groups or independently, vs. standing/sitting at the front of the room)?
			Is there an attention signal to get students on task in less than 5 seconds (e.g. "May I have your attention please?" "One, two, three – eyes on me.")?
			Is the classroom environment arranged to effectively support students (i.e., students can transition easily from area to area; things posted on walls are not overly distracting; materials, chairs, tables are organized)?
			Are there mechanisms established for frequent parent communication particularly for positive events that occur (i.e., good note home, "caught you being good," phone calls)?

ABC-UBI is a statewide initiative to support the implementation of Response to Intervention (RtI) for academic and social behavior, supported by the Utah Personnel Development Center and the Utah State Office of Education.
<http://www.updc.org/ubi>

IMPLEMENTATION AND PLANNING SELF-ASSESSMENT¹

Purposes: The self-assessment tool on the following pages has been designed to serve as a multi-level guide for (a) appraising the status of organizational systems necessary for implementing a new initiative such as PBIS or RTI, and (b) developing and evaluating an implementation action plan.

Guidelines for Use²:

- Form team to complete self-assessment
- Specify how self-assessment information will be used
- Consider existing related efforts, initiatives, and/or programs
- Review existing data (e.g., suspensions/expulsions, behavior incidents, discipline referrals, attendance, achievement scores, dropout rates, statewide or district assessment data)

Date: _____

Members of Team Completing Self-Assessment: _____

Level of Implementation Being Considered

State-wide District-wide School-wide Other _____



¹ This tool is the PBIS implementation and planning self-assessment tool adapted for use with implementation of either SW-PBIS or RTI.

² See *PBIS Implementers' Blueprint* for supporting definitions, descriptions, and guidelines for use with PBIS.

Implementation Leadership Team Self-Assessment and Planning Tool

FEATURE		IN PLACE STATUS		
		Yes	Partial	No
Leadership Team	1. Team is developed with representation from appropriate range of stakeholders (special education, regular education, families, mental health, etc.).			
	2. Team completes self-assessment that includes review of both practices and system supports in place and identifies missing components.			
	3. Team defines regular meeting schedule and meeting process (agenda, minutes, etc.).			
	4. Team reviews available data and determines priority needs.			
	5. Team adopts a framework for using data and a tiered approach to the provision of interventions for addressing behavior and academic needs of all students. Where addressing social emotional needs is priority, the team uses the SW-PBIS framework and core components. Where addressing academic improvement is a priority, the team uses the critical components of RTI as the foundation for their framework.			
Plan Development	6. Team determines selection criteria and number of schools to be involved in the initial effort.			
	7. Team completes a 3-5 year action plan that includes clearly identified outcomes, development of system supports, a training plan, and an evaluation plan.			
Coordination	8. Coordinator(s) is identified who has adequate FTE to manage day-to-day operations.			
Funding	9. Funding sources to cover activities for at least three years can be identified.			
Visibility	10. Dissemination strategies are identified and implemented to ensure that stakeholders are kept aware of activities and accomplishments (e.g., website, newsletter, conferences, TV).			
Facilitative Administration or Political Support	11. Student social behavior is one of the top five goals for the political unit (state, district, etc.) and seen as integral to academic achievement.			
	12. Leadership team reports to the political unit at least annually on the activities and outcomes related to student behavior goal.			
	13. A PBIS policy statement is developed and endorsed.			
	14. A framework for using data and a tiered approach for provision of interventions for all students is printed and disseminated.			
	15. Participation and support by administrator from political unit is evident.			
Training Capacity	16. Leadership team has established a training/TA plan to build and sustain practices through an in-state training/TA infrastructure.			
	17. Leadership team has identified qualified trainers to meet the needs outlined in the training plan.			
Coaching Capacity	18. Leadership team has developed a coaching network that builds and sustains behavioral and academic interventions.			
	19. A coach is available to meet at least monthly with each emerging school team (emerging teams are teams that have not met the implementation criteria), and at least quarterly with established teams.			
Evaluation	20. Leadership has developed an evaluation process for assessing (a) the extent to which team is using school-wide PBIS, (b) the impact of school-wide PBS on student outcomes, and (c) the extent to which the leadership team's action plan is implemented.			
	21. School-based information systems (e.g., data collection tools and evaluation processes) are in place.			
	22. Dissemination, celebration, and acknowledgement of outcomes and accomplishments at least quarterly.			

ABC Observation Form
Antecedent-Behavior-Consequence

Student: _____ Observer: _____

Date: _____ Time: _____ Activity: _____

Context of Incident:

Antecedent:

Behavior:

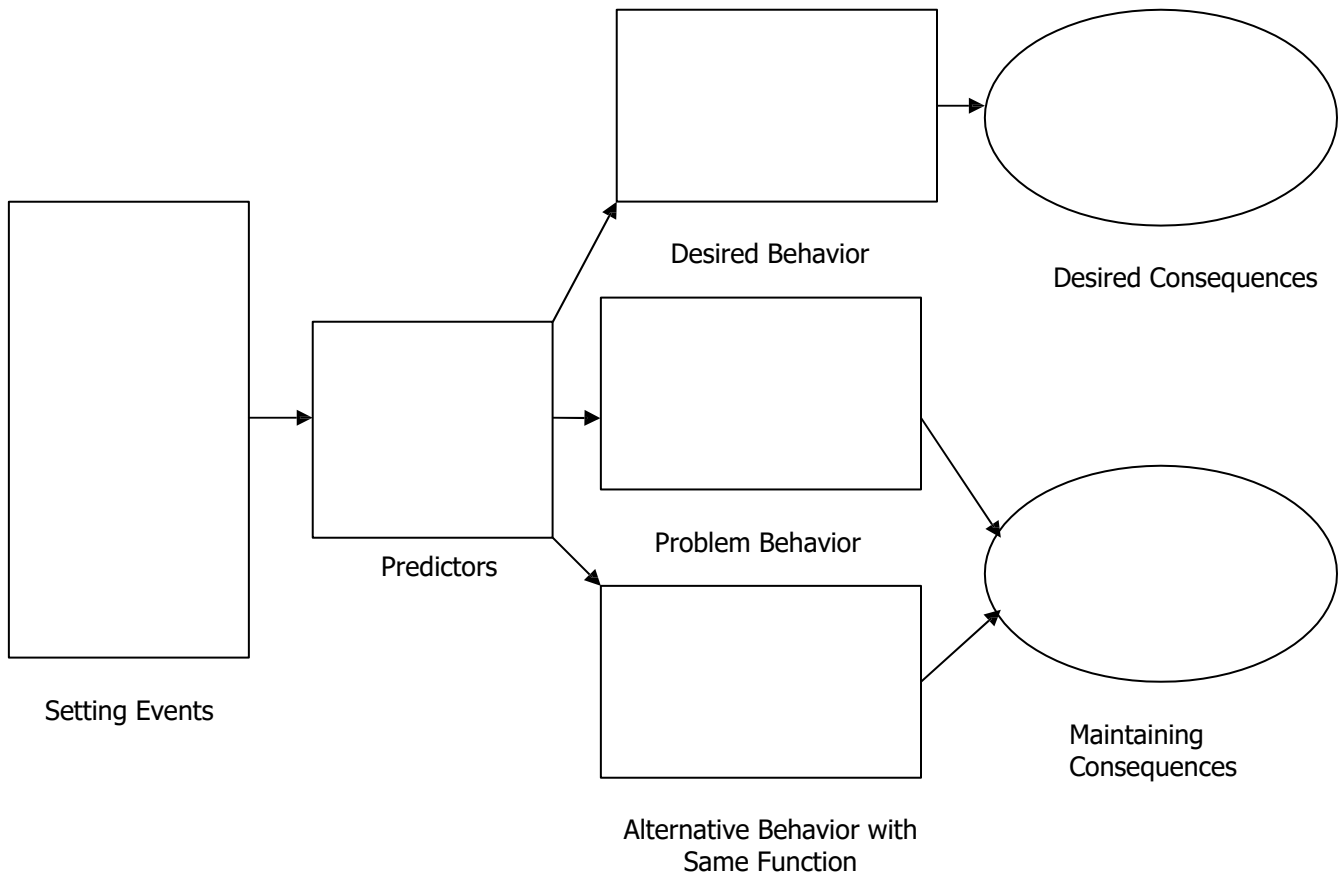
Consequence:

Comments/Other Observations:

Observation Statement:

From the information above, write a brief summary statement that includes what sets off the behavior, the behavior in measurable terms, and what the student gains or avoids.

Designing Functional Interventions



Setting Events	Predictors	Behavior	Consequences
Setting Event Strategies	Predictor Strategies	Teaching Strategies	Consequence Strategies

O'Neil, R.E., Honer, R.H., Sprague, J.R., Storey and Newtow, J.S. (1995). Functional assessment and programs development for problem behavior: A practical handbook (2nd edition), Brooks/Cole Publishing Company.

FUNCTIONAL BEHAVIOR ASSESSMENT

Student: _____ **Grade:** _____ **DOB:** _____

School: _____ **Teacher:** _____ **Date:** _____

The purpose of this form is to document a Functional Behavioral Assessment (FUBA), for (1) students who are exhibiting a pattern of behavior resulting in school wide discipline, (2) students who are being considered for an interim alternative placement due to Safe School violations, or (3) requests for intensive individual interventions. This form should be kept in the student's file.

I. Sources of Background Information

The team has reviewed the following background information (fill out all that apply): Please attach forms/protocols.			
Required	Brief Summary of Results	Other	Brief Summary of Results
Parent Information:		Behavior Checklist Rating/Scale: Name of Instruments:	
Observations:		Previous Behavior Interventions and Effectiveness:	
		Other Agencies/Sources:	
		Social Peers:	
Student Interview:		Academic Assessments: Name of Instruments:	
Past IEP Records:		Dates of Administration:	
Teacher Interview:		Administrator Interview:	
Positive Reinforcement System:		Psychological Evaluation:	

II. Functional Behavioral Assessment Summary

The FUBA addresses the relationship among precipitating conditions, the behavior its consequences, and the function of the behavior. The FUBA also reflects a consideration of all relevant data gathered, both as background information and by using specific assessment techniques.

Precipitating Conditions: (Identify one only)

(Setting, time of day, or other situations, with who behavior occurs, activity, events typically occurring before the behavior, other issues, i.e., illness, hunger, etc.)

Unstructured time in _____ Academic instruction in _____

When given a directive to _____ When too close to _____

When provoked or teased _____ Encouraged by _____

When unable to _____ Other _____

Alone/no attention _____

Target Behavior Pattern: (Resulting in discipline)

Exactly what the student does or does not do, i.e., talk out, threaten, (including frequency, intensity, duration, current baseline, etc.)

Consequences: (Events that typically follow the behavior)

Teacher attention _____ Removal from class _____

Peer attention _____ In-school suspension (length?) _____

Verbal warning/reprimand _____ Time away from seat _____

Loss of privilege (what kind?) _____ Remain after school _____

Avoids task _____ Other _____

Function of the Behavior: (Identify one only) (Hypothesized purpose(s) that the behavior serves)

Escape/avoidance _____ Sensory stimulation _____

Gaining attention _____ Relief of fear/anxiety _____

Expression of anger _____ Access to activity or item _____

Frustration _____ Other _____

Seeking of power/control _____

Desired Replacement Behavior: (Identify one only) (Which could produce the same consequences as the problem behavior?)

Hand raising _____ Request help from staff _____

Short/time-out break _____ Other _____

Express frustration appropriately _____ Other _____

Summary Statement: From the information above on this student, write a brief summary statement that includes what sets off the behavior, the behavior itself, and what the student gains from the behavior. For example: When Jason is given an assignment, he will throw his pencil across the room in order to obtain attention from the teacher.

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

6 FUNCTION OF PROBLEM BEHAVIOR

After reviewing the data on antecedents and consequences, summarize the information below: Consider the following questions...

Why is the student acting this way? What function is being met by the student's behavior?

When _____
(summarize antecedents)

This student _____
(Identify the problem behavior)

In order to _____
(Summarize "payoff")

Examples:

1. When in the halls before school, after school and during transitions, this student pushes other students and verbally threatens to beat them up in order to gain status and attention from peers.
2. When working on independent seat work during his/her regular education math class, this student put his/her head on his/her desk in order to escape work that is too difficult/frustrating.

7 REPLACEMENT BEHAVIOR

Identify the replacement behavior. Remember that replacement behavior is **NOT** an absence of the problem behavior (i.e.; do not write: "rather than hitting, I want this student to keep their hands to themselves.") Instead, a replacement behavior is a description of the behavior that the student will perform in place of the problem behavior which could include socially appropriate alternative behavior, coping skills, anger management skills, techniques to deal with frustrating situations, self advocacy, as well as many others.

Rather than _____
(Identify the problem behavior)

I want this student to: _____
(Define replacement behavior)

This definition is Observable Measureable

Examples:

1. Rather than pushing students and threatening to beat them up, I want this student to walk in halls with hands on his/herside and say "hello" to those with whom he/she wishes to interact.
2. Rather than putting his/her head on his/her desk because he/she doesn't know how to do a problem, I want this student to raise his/her hand for help and move onto the next problem while waiting for my assistance.

Functional Behavioral Assessment Teacher Form

Student Name: _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

WHEN does the behavior occur the most? (What time?)

- morning before/after school
 afternoon lunch/recess

WHERE does the behavior occur the most?

- regular classroom
 cafeteria
 hallways
 other _____

HOW OFTEN does the behavior typically occur?

- times per day _____
 times per week _____
 other _____

OTHER EVENTS OR CONDITIONS occurring right before the behavior

- teacher request
 a consequence has been imposed
 unexpected schedule change
 other _____

WHO is present when the problem behavior is most likely to occur:

- teacher
 peers
 aides
 other

Motivation Assessment Scale

Direction: Read each question carefully and circle the **ONE** number that best describes your observations:

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
1. Would the behavior occur continuously, over and over if this student were left alone for long periods of time?	0	1	2	3	4	5	6
2. Does the behavior occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3. Does the behavior seem to occur in response to your talking to other students in the room?	0	1	2	3	4	5	6
4. Does the behavior ever occur to get a toy, food or activity that this student has been told he/she can't have?	0	1	2	3	4	5	6
5. Would the behavior occur repeatedly, in the same way, for long periods of time, if no one were around?	0	1	2	3	4	5	6
6. Does the behavior occur when any request is made of the student?	0	1	2	3	4	5	6
7. Does the behavior occur whenever you stop attending to the student?	0	1	2	3	4	5	6
8. Does the behavior occur when you take away a favorite toy, food or activity?	0	1	2	3	4	5	6
9. Does it appear that this student enjoys performing the behavior?	0	1	2	3	4	5	6
10. Does this student seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11. Does this student seem to do the behavior to upset or annoy you when you are not pay attention to him or her?	0	1	2	3	4	5	6

Functional Behavioral Assessment Teacher Form

Motivation Assessment Scale—Continued

Direction: Read each question carefully and circle the **ONE** number that best describes your observations:

	Never	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
12. Does the behavior stop occurring shortly after you give this student the toy, food, or activity he or she requested?	0	1	2	3	4	5	6
13. When the behavior is occurring, does the student seem calm and unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14. Does the behavior cease shortly after you stop making demands of this student?	0	1	2	3	4	5	6
15. Does the student seem to initiate the behavior in order to get you to spend some time with him or her?	0	1	2	3	4	5	6
16. Does this behavior seem to occur when the student has been told that he or she can't do something he/she had wanted to do?	0	1	2	3	4	5	6

Transfer the numeric answer for each question to the blanks below: Scores are organized into columns by type of motivation. Add the total score and calculate the mean score for each motivation. Then determine the relative ranking by assigning the number "1" to the motivation with the highest mean score, the number "2" to the motivation with the second highest mean score, and so forth.

Sensory	Escape	Attention	Tangible
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
Total Score: _____	_____	_____	_____
Mean Score: _____	_____	_____	_____
Relative Ranking: _____	_____	_____	_____

BEHAVIOR INTERVENTION PLAN

Student: _____ **Grade:** _____ **Date of Birth:** _____
School: _____ **Teacher:** _____ **Date of Current IEP:** _____
Classification: _____ **Date Developed:** _____ **Date Implemented:** _____

Summary Statement of Problem Behavior: (Trigger and function of target behavior based on FUBA)	Baseline Data of Problem Behavior: (Frequency, intensity, duration, etc.)
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Target Behavior(s)/Problem Behavior(s):

Replacement Behavior: Which could meet the same function/need as the problem behavior? (Identify one only)

<input type="checkbox"/> Hand raising/Asking for help/"Sure I will" <input type="checkbox"/> Short break – i.e. break cards/tickets, scheduled breaks <input type="checkbox"/> Peer interaction skills <input type="checkbox"/> Sensory break <input type="checkbox"/> Responds to choices – i.e. choice of work tasks, preferred activities or interests, offer negotiations	<input type="checkbox"/> Express frustration/feelings appropriately – i.e. cool down, problem solving ("I" messages), relaxation, diversion, re-direct into activity <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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Instructional Interventions for teaching replacement behavior:			
What will be taught?	When (frequency)?	Who will teach?	How skills will be taught/monitored across settings?

Proactive support strategies based on the Antecedent:	
Antecedent/trigger	Strategy based on antecedent/trigger

Consequence Intervention – POSITIVE:	Consequence Intervention – NEGATIVE:
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Student: _____ Grade: _____ Date of Birth: _____

<p>Data Collection Method of Target and Appropriate/Positive Behavior:</p>	<p>Data Number/Percentage indicating Increase/Decrease in both Target Behavior and Appropriate/Positive Behavior: (To be filled out during Initial Behavior Plan Review Meeting)</p>
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Intensive Individual Interventions and Possible Side Effects:

Not Applicable

Forceful Physical Guidance:
Student is physically guided through the proper motions despite his/her resistance. Student may vigorously resist being touched when forced through this procedure.

Seclusionary Time-Out:
Student is placed in a supervised setting for a specified period of time. Student may become aggressive or injure themselves or staff when being taken to a time-out room.

Manual Restraint:
The minimum amount of force necessary is used to hold/restrain a student only as long as the student is a danger to themselves, others, or property. Risk of physical limb injury, asphyxiation, possible death, internal injuries, aspiration, skeletal injuries – especially if the student fights or struggles.

<p>Data Collection Method:</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Time-out Booth Logs and Graphs</p> <p><input type="checkbox"/> Manual Restraint Logs & Graphs</p>	<p>Summary of Intensive Intervention data to be reviewed at the Initial Behavior Plan Review Meeting:</p>
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Signature & Title of IEP Team and Meeting Participants: _____ **Date of Meeting:** _____

Parent: _____ Student: _____

Special Ed Teacher: _____ Regular Teacher: _____

LEA: _____ Other: _____

Follow-up and Behavior Plan Review Date: (within 2 weeks) _____

Initial Behavior Plan – Summary of Changes: (Summary of changes based on intervention data)

Signature & Title of IEP Team and Meeting Participants: _____ **Date of Meeting:** _____

Parent: _____ Student: _____

Special Ed Teacher: _____ Regular Teacher: _____

LEA: _____ Other: _____

Next Behavior Plan Review Date: (review every 2 weeks until progress, then review at the end of every term)

Use the Supplemental Behavior Plan Review Form _____

BEHAVIOR INTERVENTION PLAN (BIP)

Student: _____ Grade: _____ School: _____ Date: _____

Participants: _____

This BIP will be utilized for:

Programming Purposes

IEP requirements

1 Setting Interventions

Preventative measures that will be put in place in hopes that the adjustments will reduce the occurrence of the problem behavior. (Refer to the Antecedent column on page 1 of the FUBA.) Mark "Yes" and fill in the statement if this preventative measure is needed.

Yes Not
Needed

- Adjustments could be made as to **WHEN** the problem behavior is likely to occur by: _____

- Adjustments could be made as to **WHERE** the problem behavior is likely to occur by: _____

- Adjustments could be made as to **SUBJECT/ACTIVITY** during which the problem behavior is likely to occur by: _____

- Adjustments could be made as to the **PEOPLE** present when the problem behavior is likely to occur by: _____

- Clarifying and/or re-teaching expectations/routines. How? _____

- Modify task/assignment/curriculum. How? _____

- Increasing supervision. How? _____

- Utilizing special equipment. How? _____

2 Instructional Interventions

Skills the student will need to be taught in order to successfully demonstrate the REPLACEMENT BEHAVIOR (Refer to the Replacement Behavior column on page 2 of the FUBA.)

- Social Skill(s) _____

- Communication skills(s) _____

- Study Skill(s) _____

- Academic Skill(s) _____

- _____

How will the skills be taught?

- Individual Instruction Group Instruction
- Demonstration/modeling Role play
- Guided Practice Independent practice

Who will provide the instruction? _____
 When will the instruction take place? _____
 Where will the instruction take place? _____
 How often will the instruction take place? _____
 How will opportunities for practice/rehearsal be provided? _____

How will the student be prompted to utilize his/her newly acquired skills? _____

BEHAVIORAL GRAPHING

StudentName: _____

Behavior: _____

School: _____

TrackingPeriod: _____

INCIDENTS:

15																			
14																			
13																			
12																			
11																			
10																			
9																			
8																			
7																			
6																			
5																			
4																			
3																			
2																			
1																			
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INCIDENTS:

15																			
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8																			
7																			
6																			
5																			
4																			
3																			
2																			
1																			
0																			
Date	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F				

DURATION DATA RECORDING FORM

Student: _____

Class: _____

TargetBehavior/Objective: _____

Date	Incident	Start/End	Duration	Initials
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
	17			
	18			
	19			
	20			

Notes/Observations: _____

OFFICE DISCIPLINE CHECKLIST

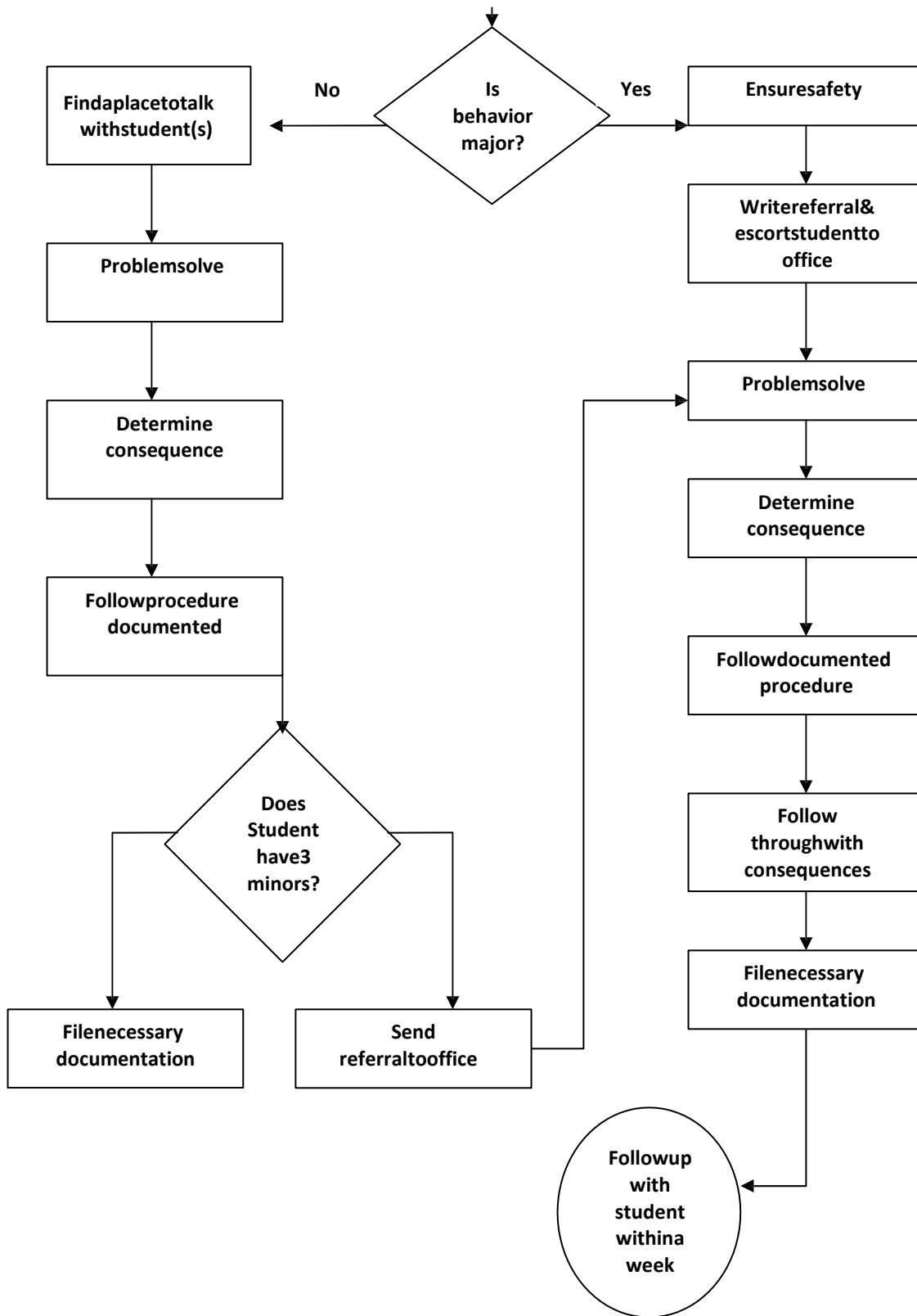
Consider each of the following when developing or evaluating your referral form.

Is there consensus with staff regarding the purpose of office disciplinary referrals?	Yes	No
Does a clear distinction between problem behaviors that are “reports” versus “referrals” exist?	Yes	No
Is your form easily transportable and a single sheet of paper?	Yes	No
Does your form require mainly check marks, as opposed to writing?	Yes	No
Are all categories clearly defined with no overlap?	Yes	No
Is there consensus with the staff regarding the usage of the form?	Yes	No
Consider your categories – do you have the following required categories?	Yes	No
<ul style="list-style-type: none"> • Student name 	Yes	No
<ul style="list-style-type: none"> • Date 	Yes	No
<ul style="list-style-type: none"> • Time of incident 	Yes	No
<ul style="list-style-type: none"> • Location of incident 	Yes	No
<ul style="list-style-type: none"> • Problem behavior 	Yes	No
<ul style="list-style-type: none"> • Referring staff 	Yes	No
Consider your categories – do you need any of the following categories?	Yes	No
<ul style="list-style-type: none"> • Student grade level 	Yes	No
<ul style="list-style-type: none"> • Others involved 	Yes	No
<ul style="list-style-type: none"> • Consequences 	Yes	No
<ul style="list-style-type: none"> • Possible motivation (function) 	Yes	No
<ul style="list-style-type: none"> • General/special education 	Yes	No
<ul style="list-style-type: none"> • Minority/non-minority 	Yes	No
<ul style="list-style-type: none"> • Other 	Yes	No
Do the categories on the form match the database categories?	Yes	No
Are procedures for transferring data into the database in place?	Yes	No
Is there a dedicated person identified for data entry?	Yes	No

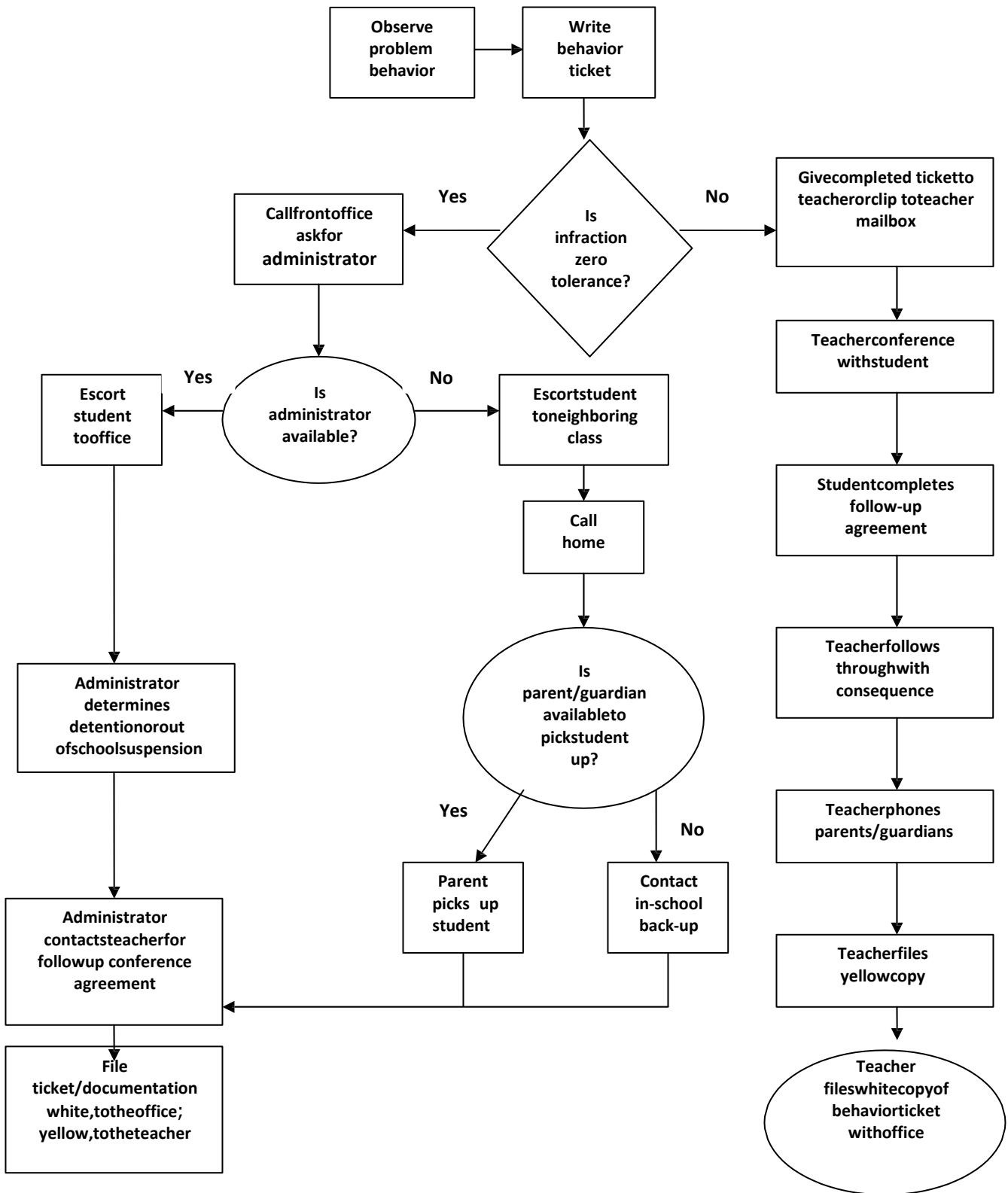
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<http://www.updc.org/ubi>

GENERAL PROCEDURE FOR DEALING WITH PROBLEM BEHAVIORS



DETAILED PROCEDURE FOR DEALING WITH MAJOR BEHAVIOR INFRACTIONS



Each behavior ticket is summarized into a school-wide database. Monthly reports are shared school-wide; other reports can be generated upon request.

SOCIAL INTERACTION RECORDING FORM

Student: _____

Date: _____

Observer: _____

Time: _____

Social Engagement with Peers (Partial Interval, 1 minute in length)

- X – Participation
- O – No Participation

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0		

Social Initiations and Responses (Event/Frequency Recording)

Record each observance of an initiation or response during the 30-minute observation.

Social Initiations: 	Opportunities for Response:
Social Response: 	

Notes: