

Positive Behaviour Support Plan (PBSP) Summary Document

We envision that the user interface will contain six separate pages. Below is a description of each page and the text boxes we propose to be included.

PAGE 1 – About the Person with Disability

- *This page contains the relevant information about the person with disability who is the focus of the PBSP. This information only needs to be entered once by the user.*

NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Provide a short summary about the person with disability who is the focus of the PBSP

Eddie is 15 years old and lives at home with his parents. Eddie's brother Jack and sister Jill live locally however do not visit often due to Eddie's challenging behaviours. Eddie has a diagnosis of moderate intellectual disability and insulin dependent type 1 diabetes.

Eddie enjoys spending time with other males his age who include him in their activities and most of all being active. Eddie is a very fast runner and loves to race others across any open spaces he finds himself in. Due to Eddie's fitness, height and long legs, he outruns most people. Eddie will often laugh loudly whilst he is running.

Eddie's favourite things are spending time with his dad, running, wide open spaces, playing basketball and watching aeroplanes. Upon hearing an aeroplane, Eddie will run from wherever he is to get a look at the aeroplane and will laugh loudly whilst looking up and waving at them. Eddie goes to basketball training Tuesday and Thursday afternoon, playing games with other teams most Saturdays.

At home Eddie requires prompting to attend to his personal hygiene needs and to assist daily activities. Eddie responds well to being shown what to do then staying with him for support whilst he tries to imitate them.

Eddie enjoys being outside in his back yard, in the sunshine, and often runs around without any real direction with a big smile on his face.

Eddie is a good sleeper, putting himself to bed before 9.00 pm, waking between 6.00 and 7.00 in the morning each day. Eddie will generally always sleep through any disturbances during the night, however, if woken, it can take some time to encourage Eddie back to bed, rather than getting up to start his day. If it is still dark outside this is easier to do.

Eddie's family report that Eddie shows signs of unease, such as tightened jaw, upper body and limbs, when in a vehicle. They also report that it is difficult to get Eddie into and out of any vehicle.

Eddie enjoys his food however does not appear to understand why he can't eat the same food as others. Family and staff report behaviours of concern to be a regular occurrence at meal times both within the home and at school. Eddie also does not like to have his insulin injection each day and family are always prepared for behaviours of concern such as hitting people at injection time which is generally at 8.00 am (following the advice of Eddie's specialist). A nutritionist has provided a detailed menu plan which family and school staff follow diligently. Eddie does not like to go and see the nutritionist and often family send her reports of how Eddie is going rather than taking him to see her.

Eddie attends St Lucia State High School and is in year 10. Due to his learning needs he receives assistance from a teacher's aide in the classroom. The teacher provides differentiated curriculum and instruction as required due to the impact of his intellectual impairment on his learning. When Eddie is supported he works well on academic tasks and demonstrates a willingness to try hard.

Commented [MV1]: In this section, information regarding the following should be provided:

- Their age and identified gender
- Relevant history (e.g., diagnosed disabilities, cultural background, family, other supports in place)
- Relevant health information (e.g., relevant medical conditions, interventions in place)
- Relevant information regarding communication (e.g., verbal, non-verbal, communication aids used)
- Their likes and dislikes
- Any sensory experiences they seek out or avoid
- Their aspirations and goals

Eddie usually attends school five days a week. Unfortunately, due to Eddie's ongoing use of physical aggression to staff and peers, Eddie was suspended from attending for a 2 week period in mid-October.

The relationship between Eddie and his fellow students can be both positive and negative. When the students are all engaged in preferred activities either with school staff or each other, there is a real sense of camaraderie and friendship. However, Eddie will often instigate physical aggression, hitting or forcefully pushing other students, if he has had to wait for any period of time.

Eddie does well when surrounded by other young men, engaged in physical activities of any kind especially basketball and any game that involves running. Eddie also uses positive body language such as smiling and shaking hands with others.

Eddie is able to communicate most of his needs through the use of some single syllable words (i.e. yes and no in context, help, hurt, run, now, dad, mum, Jack, Jill, out, why, ball, me, food, car, plane, fast, need - short for needle) and gestures. Eddie understands two to three step instructions and maximum 8 word sentences that are kept clear, simple and spaced apart. His ability to use words to communicate significantly decreases leading up to and during his use of behaviours of concern.

Eddie responds well to large group activities [especially with other males] that involve physical activity and often has a big smile on his face at these times. However, if Eddie arrives late and is unable to engage in a preferred activity, he will always respond with aggression to those who advise of his inability to join in. When it is raining and outdoor activities are cancelled, and everyone is inside, Eddie will generally respond with behaviours of concern such as hitting and pushing other students, yelling loudly at others and property damage.

Eddie likes to know what is happening next, so having a routine is important to him. If there are required changes to the routine these need to be explained to him in advance, and preferably, emailed to his parents so that they can reinforce the change in the evening before school. If there is an unexpected or unexplained change, or if the materials needed for an activity aren't prepared, he can become agitated and upset.

In class he prefers to work in quieter areas and can become anxious and agitated when the classroom is noisy or there is a lot of activity. Eddie can work well on academic tasks but will not take risks if he is unsure whether he will be able to complete the activity successfully. When he finds the work difficult or too challenging he can refuse to participate.

Eddie has a small friendship circle at school, generally with other students who include him in their sporting games during breaks. Eddie often does not initiate interactions with the other students, usually only interacting when other students initiate the interaction.

PAGE 2 – Assessments and Data Gathering

- This page contains the relevant information regarding the assessments undertaken, and the data gathered to inform PBSP development. This information only needs to be entered once by the user.

NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Persons consulted to prepare this PBSP (add/remove rows as required)	
Who are they?	How were they consulted?
Mother	Face to face interview
Father	Telephone interview
Teacher	Face to face interview
Integration aide	Video conference interview
Sports coordinator	Face to face interview
Outline the behavioural assessment approaches implemented to develop this PBSP	
Contextual Assessment Inventory completed by his teacher, observation (scatter plots) completed by his teacher and integration aide, and Functional Assessment Interview (completed by his mother and teacher)	
Additional non-behavioural assessments undertaken or reviewed to inform the development of this PBSP	
None	

Commented [MV2]: Examples include person with disability, parents, other family members, support workers, health or allied health professionals, guardians, etc. This could be a drop box.

Commented [MV3]: Examples include face to face discussion, telephone or video conference discussion, etc. This could be a drop box.

Commented [MV4]: I made this up for the plan

Commented [MV5]: Here, we want to see a written or dot point description that highlights what the practitioner did to collect behavioural assessment information. Example include asking parents and support staff to complete paper-based measures or ABC charts, structured interviews with relevant stakeholders to collect information, etc.

Could also reflect case file reviews, analysis of incident reports, review of previous assessment reports, etc.

Should reflect direct observation of the person with disability in the relevant environments (e.g., home, employment setting, in the community) and/or discussions with the person (if capable to participate) also.

If the person was not included, this section should outline a reason why they were not included.

Commented [MV6]: I added some additional information here.

Commented [MV7]: Here, you would expect to see things like speech and language assessment, psychiatric assessment, medical assessment, etc.

PAGE 3 – Functional Behavioural Assessment

- We envision that this page will start with a drop-down menu that allows the user to choose one of the five functions of behaviour:
 - Avoidance/escape
 - Communication
 - Physical/sensory need
 - Seeking an object/activity
 - Other – please specify
- Once they choose a function, the text boxes below would come up for the user to input information.
- Following this, the user will be asked if they want to include another function of behaviour.
 - If YES, the drop-down menu that allows the user to choose one of the five functions behaviour appears again. Once a choice is made, these text boxes appear again.
 - Repeat this process until the user has no more functions to add.

NOTE: The items on the existing BSPA-tool will be used to assess the content in this section. We need to make some additional modifications to the tool to assist in more precise scoring.

Function				
Avoidance/escape	Communication	Physical/sensory need	Seeking an object/activity	Other – please specify

Function – Name of function (either avoidance/escape, communication, physical/sensory need, seeking an object/activity, other – please specify)

Description of behaviours (include frequency, duration and severity) that align with this function		
Eddie hits staff and other students with his open hand or pushes them forcefully, daily, on average 2.5 incidents per day. Incidents last on average 10 minutes and Minor injuries to others as a result of being slapped or pushed. Eddie rips up books and other teaching materials or throws objects around the room. This happens less than once a day, with an average of one or two incidents every couple of days. Incidents last on average 10 minutes and there is damage to classroom materials and/or students are injured if hit by flying objects.		
Setting events, triggers and consequences related to these behaviours (add/remove rows as necessary)		
Setting events	Triggers	Consequences
No breakfast	Asked to complete work in class	Teacher goes to Eddie to calm him down. He is often removed from the classroom.
Normal school routine has had a change		Gains teacher attention and escapes
Low blood sugar levels		
A summary statement outlining the functional hypothesis		
When Eddie is asked to complete work in class that he finds difficult or needs to complete independently he uses physical aggression or property damage, resulting in the teacher attending to him and him not completing the required work. The physical aggression and property damage have the same functions, to gain the attention of the teacher and to avoid work that he finds difficult or is not his preference.		
Proposed alternative or functionally equivalent replacement behaviour(s)		
Ask teacher for help		

Commented [MV8]: If other is chosen, then allow the user to input a description in a text box

Commented [MV9]: Must use measurable and observable language, e.g., kicking the wall to the extent that a hole is created once a day, slapping their mother's cheek leaving a red mark immediately after once a week, etc.

Emotions are not behaviour, e.g., anger. What can be included is behaviour that relates to an emotion, i.e., what the person does when they are angry.

Commented [MV10]: There are several structured ways this statement can be written. We can provide examples from actual plans.

Goals

<i>Goal(s) specific to the behaviours described</i>
Eddie will ask the teacher or the Aide for help by putting his hand up every time he needs help or a break. He will achieve this by the end of June, 2021.
<i>Goals specific to enhancing the person's quality of life</i>
None specified

Strategies

<i>Environmental changes to address setting events and triggers (changes to reduce and/or eliminate their influence)</i>
<p>To manage the triggers of Eddie's behaviour:</p> <ul style="list-style-type: none"> • Wherever possible, teach concepts using examples and activities that interest Eddie • Set teaching activities in smaller, time limited "chunks", no longer than 10 minutes each time. • Do assignments in small groups where possible, with students Eddie gets on well with. • Remind Eddie of the planned routine for doing classwork before each break so that when he returns to class he understands what happens next. • Closely supervise Eddie to identify quickly when he needs assistance or is drifting off task. When he is looking as though he is struggling or becoming distracted the teacher will move to him and ask him to show his work or whether he needs assistance. The teacher will provide him with assistance or encouragement, according to his progress. • Recognise that it is likely that Eddie gets tired and has difficulty concentrating in the late afternoon so make sure that the work he is given is interesting for him and not too challenging. <p>To assist, school management will:</p> <ul style="list-style-type: none"> • Continue to supply a teacher aide that will enable Eddie to be given targeted instruction and support at times when he needs to engage in academic work that he finds difficult and to support the development of his social and communication skills. • Allocate relief teachers known to Eddie whenever possible to reduce the effects of change in teachers when the regular teacher is not available. • Communicate regularly with Eddie's parents to inform them of changes to the school routine or other matters that need to be reinforced with Eddie to assist in his understanding. • Provide coordination of Eddie's involvement in school activities outside the classroom with other school personnel, including the Sports Coordinator to ensure that he is able to participate. <p>To assist, teachers will:</p> <ul style="list-style-type: none"> • Ensure that Eddie's blood sugar level is tested at the specified times each day and that he eats the food he has brought with him. • Develop lesson plans to differentiate the instruction suited to Eddie's learning needs and ensure that the teacher's aide and other teachers are familiar with these lesson plans. • Provide teaching that suits Eddie's learning needs. • Utilise a visual timetable for all students on the whiteboard each day. • Develop and use social stories to assist Eddie in understanding daily routines, changes in routine and social interactions. • Arrange the classroom to minimise noise and distractions for Eddie, particularly when he is working. • Advise and support the teacher aide before each lesson in the work/activities to be completed by Eddie and the supports that need to be provided to him. • Team Eddie up with students he gets along well with.

Commented [MV11]: Might use the SMART approach to goal development, or another approach.

S = specific
M = measurable
A = achievable
R = relevant
T = timely

e.g., X will pick up the clothes off his bedroom floor and put them in the laundry basket every night before going to bed. He will achieve this goal within four weeks.

- Develop and implement a planned routine for the transition into class at the beginning of the day for all students to ensure that they move into the room and quickly settle down at their tables.

Teaching of the alternative or functionally equivalent replacement behaviour(s) (e.g., description of the teaching strategy and materials needed)

What: When Eddie is doing work in the classroom, he will ask for help or for a break from the work he is doing by putting his hand up and getting the teacher's attention.

How: The teacher's aide will implement the teaching strategy that has been developed by the teacher.

Each morning before Eddie commences his school work the teacher's aide will teach him before the rest of the students arrive. Using explicit instruction and role play, the teacher's aide will teach each step of asking for help or for a break (hand up, wait for teacher to acknowledge you, say "need help" or "need break", wait for teacher to respond). This will be followed up with a social story (using pictures to represent the situation where Eddie needs help or a break and would like to get the teacher's attention) that can be used to remind Eddie how to use the skill he has learned.

The teaching strategy will be explained to all staff who work with Eddie and data on his progress against each of the steps will be recorded. Teaching will cease when Eddie demonstrates that he has mastered all aspects of the skill and prompting will cease after he has been successfully using the skill every time he is prompted for a period of one month.

Who: The classroom teacher and the allocated teacher's aide.

When: A dedicated time for teaching the skill away from the other students will occur once a day. The skill will also be taught at naturally occurring times when Eddie needs assistance or a break.

Where: In the classroom.

Materials: No materials are required however dedicated time from the teacher's aide will be needed.

Once Eddie has mastered this skill a teaching plan will be developed and implemented to teach him wait for assistance.

Other strategies (e.g., social, independence, coping, tolerance, etc.)

Eddie enjoys and values being included in activities at school. His quality of life would be improved if he had more opportunities for social interaction with his peers. Strategies that will be implemented are;

- Develop a buddy system with the students who already interact well with Eddie and support them to actively engage with Eddie and encourage him to participate in their sporting games with other students. The aim is to widen the circle of students he can interact with.
- During breaks the supervising teacher in the playground will assist Eddie in asking other students to include him in their games.

Given Eddie's sensitivity to noise and activity and need for routine, the following strategies will be used in the classroom;

- Ensure that he sits in an area in the classroom that has minimal distractions and noise interruption. This may be close to the front of the class, and near the teacher so that noise and distraction is behind him.
- Have regular communication with his parents to keep them informed of any changes to routine and his progress. Their preference is for email contact.
- Use social stories wherever possible to assist Eddie in understanding routines and behavioural expectations (such as how to ask to be included in games).
- For transitions, Eddie will be encouraged to put on headphones and listen to music in a quiet area of the classroom until all of the other students have settled down in their seats. Once the other students have settled he is to take the headphones off and engage in the lesson.

Eddie enjoys running and other active sports. This is an important opportunity for Eddie to increase his participation in school activities. Strategies include;

- Sign Eddie up for the school basketball team and cross country running teams.
- Eddie’s father has offered to volunteer for school sports carnivals. Ensure that Mr Yahoo is invited along so that he can coordinate Eddie and a couple of other students to assist in the organising of the events, such as getting equipment ready, scoring etc.
- During other sports activities in which he is not participating, Eddie will be asked by the coordinating teacher to assist in the scoring.

Eddie will also be supported to take an active role in non-sporting activities at the school, such as;

- Assisting the teacher in organising the school assembly.
- Assisting with food preparation at the breakfast club.
- Enrolling him in the Buddy reading program.

Eddie will be supported to attend the “Best Mates” social club one lunchtime per week. This is a play and activities based program with the aim of developing student interactions and social skills. Eddie’s friends will also be encouraged to attend the sessions he attends.

Reinforcement for Skill Development

Proposed reinforcers
Attention, praise and tokens
Schedule of reinforcement
<ul style="list-style-type: none"> • Always provide Eddie with attention when he begins to attempt the work and makes effort. Gradually withdraw this attention as he attends to his work for longer periods of time. • Provide praise for completed assignments. • Provide praise when he asks for help or requests a break (the desired behaviour). • When Eddie has completed work in the classroom (with and without assistance) he will be provided with a token to put on the chart on display on the classroom wall. At the end of the day when he has collected at least 5 tokens he will be able to spend the last ½ hour of the school day engaging in an activity of his choice and interest. Eddie likes to play games on the iPad so this would be his preferred activity.
How were these reinforcers identified?
A preference assessment was undertaken by the behaviour support practitioner to ascertain what Eddie’s preferred activities are.

Commented [MV12]: Here you want to see information about when reinforcement will be available and what does the person need to do to get reinforcement.

e.g., X will be given a lolly pop each time he demonstrates the functionally equivalent behaviour.

X will be given verbal praise each time he communicates his need for food using the key word sign for food.

Commented [MV13]: Here we would want to see that the practitioner has assessed or gathered information on which reinforcers may be helpful, e.g., a preference assessment has been undertaken, interviews with person with disability and their family, etc.

Commented [MV14]: I added this information as it wasn’t available.

De-Escalation - Reactive strategies for challenging behaviours

How to prompt the alternative or functionally replacement behaviour(s)
If Eddie begins to demonstrate the precursor behaviours to him hitting or engaging in property damage (getting out of his chair, pacing, refusing to make eye contact) go over to him, get his attention and ask him if he would like some help. If Eddie nods his head sit down at the table with him and provide him with the assistance he needs. Do not delay in providing the assistance. When he has sat down and when it is appropriate to do so, remind Eddie of the ways that he can ask for help from the teacher or the Aide. When he completes the work support him to engage in a preferred activity before moving on to the next activity.
Strategies to ensure the safety of the person and/or others
If Eddie escalates and begins to engage in property damage such as throwing objects and ripping worksheets move away from Eddie. Do not use threatening postures, a loud voice, or tell Eddie to calm down. Maintain the appearance of being calm. If you can, distract Eddie by asking whether he would like to go outside and play basketball. If Eddie is hitting or attempting to hit people follow the school’s policy and procedures for dealing with behaviours that are a risk of harm to others.

Post-incident debriefing with the person with disability and/or parents, support staff, etc.

When Eddie has stopped the behaviour and has de-escalated, at the appropriate time speak to him alone to remind him of the ways he can ask for help or a break from the work he is doing.

PAGE 5 – Restrictive Intervention

- We envision that this page will start with a YES/NO item that asks if restrictive interventions are proposed for use.
- Then, a drop-down menu will come up *that allows the user to choose one of five restrictive intervention options*:
 - Chemical restraint
 - Physical restraint
 - Mechanical restraint
 - Environmental restraint
 - Seclusion
- Once they choose a restrictive intervention option, the appropriate set of text boxes (see below) would come up for the user to input information.
- Following this, the user will be asked if they want to include another restrictive intervention.
 - If YES, the drop-down menu that allows the user to choose one of the five restrictive intervention options appears again. Once a choice is made, the appropriate set of text boxes appear again.
 - Repeat this process until the user has no more restrictive interventions to add.

NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Are you proposed to use restrictive interventions?	
Yes	No

Commented [MV15]: This plan contains no restrictive interventions

Type of restrictive intervention

Restrictive intervention				
Chemical	Physical	Mechanical	Environmental	Seclusion

Commented [MV16]: Drop box with these options

Chemical Restraint

Medication(s) that will be used (e.g., name, dosage, frequency, administration, route, prescriber)					
Name	Dosage	Frequency	Administration	Route	Prescriber
Positive behavioural support strategies to be used before the PRN use of the medication					
Circumstance(s) in which the medication(s) will be used					
Procedure for administering the medication(s), including observation and monitoring of side-effects					
How will chemical restraint be gradually reduced as behavioural goals are achieved by the person?					
Why is the use of this medication the least restrictive way of ensuring the safety of the person and/or others?					

Commented [MV17]: Drop down box for Routine vs PRN (as needed) – depending on what they choose here, some additional questions will be asked.

Commented [MV18]: Drop box - Tablet, injection, IV drip, etc.

Commented [MV19]: Drop box - Where in the body the medication is given (e.g., oral, intramuscular, nasal, etc.)

Commented [MV20]: Drop box - GP, psychiatrist, other medical specialists, etc.

Commented [MV21]: This will only come up if PRN is chosen in *Frequency* above.

Commented [MV22]: Here we will want to see things like consultation with a GP or psychiatrist to review medication use and safe reduction of dosage as per prescribed safety protocols, etc.

<i>Social validity of the restrictive practice</i>	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
<i>Authorisation for the use of restrictive practice</i>	
Authorising body	Approval period

Commented [MV23]: Drop box - Interviews, questionnaire completion, plan read by relevant person, etc.

Commented [MV24]: Drop box – person with disability, family members, support staff, etc.

Commented [MV25]: There are only a small number of authorising bodies. We can give you a list of these.

Commented [MV26]: Usually a timeframe in months (e.g., three months, six months, 12 months, etc.)

Physical

<i>Description of the restraint(s) to be used</i>	
<i>Positive behavioural support strategies to be used before the use of the restraint</i>	
<i>Circumstance(s) in which the restraint will be used</i>	
<i>Procedure for using the restraint, including observation, monitoring and maximum time period</i>	
<i>How will the restraint be gradually reduced as behavioural goals are achieved by the person?</i>	
<i>Why is the use of this restraint the least restrictive way of ensuring the safety of the person and/or others?</i>	
<i>Social validity of the restrictive practice</i>	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
<i>Authorisation for the use of restrictive practice</i>	
Authorising body	Approval period

Mechanical

<i>Description of the restraint(s) to be used</i>	
<i>Frequency of use</i>	
Routine use	As needed
<i>Positive behavioural support strategies to be used before the as needed use of the restraint</i>	
<i>Circumstance(s) in which the restraint will be used</i>	

Commented [MV27]: Drop down box for *Routine* use vs *As Needed* – depending on what they choose here, some additional questions will be asked.

Commented [MV28]: This will only come up if *As Needed* is chosen in *Frequency of Use* above.

Procedure for using the restraint, including observation, monitoring and maximum time period	
How do you know this restraint is safe to use?	
How will the restraint be gradually reduced as behavioural goals are achieved by the person?	
Why is the use of this practice the least restrictive way of ensuring the safety of the person and/or others?	
Social validity of the practice	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
Authorisation for the use of the practices	
Authorising body	Approval period

Environmental

Description of the restraint(s) to be used	
Frequency of use	
Routine use	As needed
Positive behavioural support strategies to be used before the as needed use of the restraint	
Circumstance(s) in which the restraint will be used	
What is the person with disability prevented from accessing?	
Procedure for using the restraint, including observation and monitoring	
Will other people be impacted by the use of this restraint?	
Yes	No
If YES, how will impact on others be minimised?	
How will the restraint be gradually reduced as behavioural goals are achieved by the person?	
Why is the use of this practice the least restrictive way of ensuring the safety of the person and/or others?	

Commented [MV29]: Drop down box for *Routine* use vs *As Needed* – depending on what they choose here, some additional questions will be asked.

Commented [MV30]: This will only come up if *As Needed* is chosen in *Frequency of Use* above.

Commented [MV31]: Drop box – Yes or No

Commented [MV32]: Will only come up if Yes is chosen above (*Are other people impacted by the use of this restraint?*)

<i>Social validity of the practice</i>	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
<i>Authorisation for the use of the practices</i>	
Authorising body	Approval period

Seclusion

<i>Frequency of use</i>	
Routine use	As needed
<i>Positive behavioural support strategies to be used before the as needed use of seclusion</i>	
<i>Circumstance(s) in which seclusion will be used</i>	
<i>The maximum frequency of seclusion per day, week and/or month; and for how long (minutes/hours)</i>	
<i>Procedure for using seclusion, including observation and monitoring</i>	
<i>How will seclusion be gradually reduced as behavioural goals are achieved by the person?</i>	
<i>Why is the use seclusion the least restrictive way of ensuring the safety of the person and/or others?</i>	
<i>Social validity of seclusion</i>	
How did you assess the acceptability of this practice?	Who did you consult with to assess this?
<i>Authorisation for the use of restrictive practices</i>	
Authorising body	Approval period

Commented [MV33]: Drop down box for Routine use vs As Needed – depending on what they choose here, some additional questions will be asked.

Commented [MV34]: This will only come up if As Needed is chosen in Frequency of Use above.

PAGE 6 – PBSP Implementation

- This page contains the relevant information about the PBSP implementation process. This information only needs to be entered once by the user.

NOTE: We will need to develop checklist items to assess the content in this section. This section will mainly be looking for the absence of content (i.e., information is not provided).

Implementation

People involved in the implementation of this PBSP				
Teacher	Integration aide	Other school staff		
How will implementers of this PBSP be trained to implement the proposed interventions?				
Strategy		Person(s) responsible		
Face to face training to train integration aide how to implement the teaching strategy		Teacher		
Observation of integration aide implementing the teaching strategy and providing feedback on three separate occasions		Teacher		
Outline the implementation plan				
Action		Person(s) responsible		
Each morning before Eddie commences his schoolwork, the teacher's aide will teach him how to ask for help before the rest of the students arrive		Integration aide		
Record the use of the target behaviours via the data recording sheet in class and in the playground		Teacher, integration aide, other school staff		
Incident reports will be completed for instances of physical aggression and property damage in order to record the context of the behaviour, what happened immediately beforehand and what happened immediately afterwards		Teacher, integration aide, other school staff		
Review the week's data at the end of each week to monitor any changes.		Teacher		
How will implementers of this PBSP communicate with one another to discuss implementation?				
Strategy		Person(s) responsible		
Stakeholder meetings to be held monthly		Behaviour support practitioner, the teacher, and Eddie's parents		
How will PBSP implementation and goal achievement be reviewed and monitored?				
Strategy		Person(s) responsible		
Data will be analysed, including graphing the scatterplot data, and provide a review report to the stakeholder meetings.		Behaviour support practitioner		
Monthly stakeholder meeting will be used to review if the target behaviour is not decreasing. Consideration and identification of any required amendments to this plan will also happen in this meeting.		Behaviour support practitioner, the teacher, and Eddie's parents		
Timeframe for plan review				
First review: 10/03/2021; 6 month review: May 2021; End of year review: November 2021				

Commented [MV35]: Multichoice item depicting who this might be (e.g., support worker, family members, team leader, service manager, teacher, behaviour support practitioner, etc.). We will come up with a comprehensive list

Commented [MV36]: Here we would want to see things like face-to-face or video conference training of support staff and family members, on-the-ground mentoring of staff to support implementation, videos modelling behavioural techniques, etc.

Commented [MV37]: Drop box depicting who this might be (e.g., support worker, family members, team leader, service manager, teacher, behaviour support practitioner, etc.)

Commented [MV38]: I made this up as information regarding training was not provided in the plan

Commented [MV39]: Here we would want to see things like weekly, fortnightly or monthly meetings to discuss implementation, on-demand support to troubleshoot issues, etc.

Commented [MV40]: Drop box depicting who this might be (e.g., support worker, family members, team leader, service manager, teacher, behaviour support practitioner, etc.)

Commented [MV41]: Here we would want to see things like data collection using data collection sheets or implementation checklists, meetings to review data on a regular basis, etc.

Commented [MV42]: Drop box depicting who this might be (e.g., support worker, family members, team leader, service manager, teacher, behaviour support practitioner, etc.)

Commented [MV43]: A date or timeframe (e.g., within 12 months) is what is needed here

Social Validity

How did you assess the acceptability of the interventions proposed in this PBSP?
Relevant stakeholders were provided the plan to read. They then answered a questionnaire with items assessing social validity. All stakeholders consulted indicated that the interventions proposed were acceptable.
Who did you consult with?
Parents, teachers, integration aide

Commented [MV44]: Drop box - Interviews, questionnaire completion, plan read by relevant person, etc.

Commented [MV45]: I made this up for this plan

Commented [MV46]: Drop box – person with disability, family members, support staff, etc.