

BIP Fidelity Rating Form

Please enter the maladaptive behavior being observed:		
1. Does the fidelity checklist have a space for: date, time, patient name, RBT name/caregiver name, and supervisor name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the checklist provide a description of the plan components for antecedent procedure steps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the checklist provide a description of the plan components for consequence procedure steps?		
4. Does the checklist provide an implementation rating for each step?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the checklist have a section for comments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the checklist have an overall score system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total score: (number of yes/6) x 100:		
**NOTE a score of 100% must be reached to pass this rating form		

Reference:

Codding, R. S., Feinberg, A. B., Dunn, E. K., & Pace, G. M. (2005). Effects of immediate performance feedback on implementation of behavior support plans. *Journal of applied behavior analysis*, 38(2), 205-219.