

Positive Behavior Support Facilitator Portfolio *Expedited Process Application* Contents of Portfolio Packet

- ◆ Cover Sheet
 - ◆ Summary of Requirements
 - ◆ Checklist of Portfolio Contents
 - ◆ Résumé or Abbreviated Vitae
 - ◆ Copy of Diploma or Transcript of Highest Degree Earned
 - ◆ Knowledge, Skills, and Abilities Documentation
 - ◆ Signed Release of Information (Use your agency's Release of Info. In addition, change or redact person's name & identifying information throughout documents & attachments)
 - ◆ Signed Certificate of Originality Statement
 - ◆ Person Centered Plan
 - ◆ Person-Centered Plan Checklist (for PBSF Candidate to complete)
 - ◆ Person-Centered Plan Checklist (for reviewers to complete)
 - ◆ PBS Plan with Implementation Data
 - ◆ PBS Plan Checklist (for PBSF Candidate to complete)
 - ◆ PBS Plan Checklist (for reviewer to complete)
 - ◆ Example of PBS Product: writing, presentation, or research
 - ◆ Recommendation Forms
 - ◆ Other (optional-Ex. PBSF Candidate's comments, appendices of raw data sheets, materials created for PCP and/or PBS Plans)
-

EXPEDITED PROCESS

Positive Behavior Support Facilitator Portfolio

Cover Sheet

Name: _____

Address: _____

Phone: _____

Email: _____

Date: of Portfolio Submission: _____

Date of Review by Endorsement Board: _____

Date of Interview: _____

Type of Certification: Expedited Process

Status:

Endorsed

Provisionally Endorsed

Conditionally Endorsed: Must complete: _____

 Did not meet criteria as of this submission

Completed by PBSF Candidate

Completed by Office

Positive Behavior Support Facilitator Portfolio Summary of Requirements

EXPEDITED PROCESS APPLICATION	
Liability Insurance	Company: _____ Dates of coverage: _____
Years of experience with individuals with disabilities	____ of the last five years
Education: highest degree	
Completed portfolio	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completed interview	Yes <input type="checkbox"/> No <input type="checkbox"/>

Positive Behavior Support Facilitator Portfolio Checklist of Portfolio Contents

EXPEDITED PROCESS APPLICATION		Office use: check if located
Résumé or Abbreviated Vitae	Pages _____	
Copy of diploma or transcript of highest degree earned	Pages _____	
Documentation of attainment of knowledge, skills, abilities	Pages _____	
Signed Certificate of Originality	Pages _____	
Signed Release of Information	Pages _____	
Person-centered plan	Pages _____	
Person-centered plan checklist	Pages _____	
Positive Behavior Support plan with implementation data	Pages _____	
Positive Behavior Support plan checklist	Pages _____	
Recommendation Form from focus person and/or family member	Pages _____	
Recommendation Form from team member	Pages _____	
Example of professional PBS product: writing, research, presentations	Pages _____	
Other /PBSF Candidate Comments	Pages _____	

**Résumé
or
Abbreviated Vitae
(3 pages maximum)**

**Copy of Diploma or Transcript of
Highest Degree Earned
(Must have at least a Bachelor's degree from an accredited
university)**

Positive Behavior Support Facilitator Portfolio Knowledge, Skills, and Abilities Documentation

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
A. Basic Underlying Principles	
1. Behavior is communicative	
2. Behavior is part of the person’s social context	
3. Responsibility for behavior is shared between the caregiver and the person	
4. The goal of Positive Behavior Support is to understand the connection between the behavior and the social, physical, and personal environment in the focus person’s life	
5. Interventions should increase competence of the person and should result in increased quality of life for the person	
6. Crisis management is a short term solution to keep people safe and not a behavior change strategy	
7. Positive Behavior Support Intervention plans must fit with the values and abilities of the team who will implement them	
8. Positive Behavior Support Intervention plans must include multiple components - including antecedent interventions, strategies to teach replacement behaviors to the focus person and others, positive consequences to increase the replacement behaviors, and if necessary, crisis management strategies	

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
9. Positive Behavior Support Plans are based on information and data collected through indirect and direct methods	
10. The people who will implement the intervention plan should be involved in its development and their understanding of interventions evaluated, with deficits resulting in additional training	
11. The role of the facilitator is to support the team	
12. It is essential to assess the behavior and the system supporting the person	
B. Identify problem behaviors for assessment and intervention	
1. Identify behavior (s) through file/record reviews, interviews, observations, to include person's pertinent history, as well as current interests/abilities	
2. Prioritize behavior(s) with team input	
3. Operationalize behavior	
4. Develop baseline data collection method for challenging behavior, including a brief summary of data collection instructions	
C. Complete Functional Behavior Assessment	

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
1. Summarize team interview data collection information and baseline data regarding challenging behaviors	
2. Participate in team interview process to collect person-centered information, daily schedule, opportunities for choices, and preferences	
3. Develop data collection methods (ABC analysis, scatter plot, setting event analysis, etc.) to identify function of behavior	
4. Collect data and report perceived function	
5. Develop functional analysis protocol	
6. Analyze all data collection methodologies to ensure that data is reliably collected and matches the context of the environment, and staffing patterns.	
7. Develop functional behavior hypothesis written in summary statements (includes conditions, behavior, consequences)	
8. Test functional behavior hypothesis	
9. Design and run systematic manipulations when necessary	
D. Develop Positive Behavior Support Plan	

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
1. Develop setting event, motivative operations, and antecedent interventions (I.e. methods for preventing behavior)	
2. Develop teaching plan for alternative replacement skills with baseline and intervention data collection, summary of teaching methods, plan for maintenance of the skill, and generalization to other environments and reinforcement schedule as needed; coping, and general skill behaviors needed (i.e. communication support, sensory processing needs, and task structure as needed)	
3. Develop consequence strategies to increase new alternative/replacement behaviors	
4. Explain methods used to identify reinforcers and activity preferences used in behavioral change	
5. Develop consequence strategies for problem behavior	
6. Develop crisis management plan (specifying if general agency set crisis plan or individualized)	
7. Develop plan to increase person's quality of life	
8. Develop training methods to assist team in implementing complete multi-component PBS plan	

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
9. Develop plan evaluation, data collection methods (reduction of challenging behavior, acquisition of replacement behaviors/coping skills)	
10. Assess goodness of fit of PBS plan based on data collected from plan implementation, and interviews with focus person and team	
E. Implement PBS Plan	
1. Implement strategies developed in PBS plan/Train persons implementing the plan	
2. Collect data to evaluate plan effectiveness to decrease problem behavior	
3. Collect data to evaluate plan effectiveness to increase alternative behavior, including a brief teaching plan with essential components (see D2)	
4. Collect data to evaluate plan effectiveness to increase quality of life	
5. Evaluate data and report on plan effectiveness	
6. Revise plan when necessary in consultation with the team	
F. Facilitate Person-Centered Plans	
1. Select team process to use to develop plan (MAP, PATH, Essential Life Style Planning, Plan for Life, etc.)	
2. Prepare focus person, team and venue for facilitation; include any relevant documents,	

EXPEDITED PROCESS Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
such as meeting maps, agendas, person-centered tools, or contributions of person	
3. Facilitate team	
4. Work with team to support development of an action plan	
5. Follow-up with team to support implementation of action plan	
6. Reschedule and revise with team as necessary	
G. Team Facilitation Competencies	
1. Selects appropriate processes to help team build consensus and make decisions	
2. Addresses barriers to team success	
3. Develops problem solving strategies for teams	
4. Seeks support and supervision when necessary to motivate team when blocked	
5. Ensures the focus person stays at the center of planning, and is actively involved before, during, and after meetings to the extent that they desire.	

Positive Behavior Support Facilitation Portfolio

Expedited Process

Certificate of Originality Statement

As a candidate for endorsement as a *Positive Behavior Support Facilitator* through Virginia Commonwealth University's *Partnership for People with Disabilities*, I, (name) _____, have completed the Portfolio requirements set by the program.

As part of the expedited application, I have created the portfolio based on the knowledge and skills I obtained via previous education and experience in the developmental disability and/or behavioral health field, which is detailed in my portfolio.

Although this document represents a collective synthesis of information from a variety of sources, the content is written in my own words. The tools, ideas, and methods used in the creation of this work are utilized in a manner I deemed effective to support the focus person(s) I was involved with during the creation of the Person Centered Plan and the Positive Behavior Support Plan.

Signed: _____

Date: _____

Positive Behavior Support Facilitator Portfolio

Person-Centered Plan With Narrative Cover Letter

Person-Centered Plan Checklists

In this section, please include your narrative cover letter (describing the team process and any details that aren't included in the plan but are on the checklist), your Person-Centered Plan, a completed checklist (PBSF Candidate version) indicating the page number of the plan where the information is located, and a blank "reviewer" version checklist. Where appropriate (particularly if significant information is located on one page), please indicate the section where the information is found. Do NOT put "N/A" on any item on the checklist, as this will result in your portfolio being returned to you for incompleteness.

Person-Centered Plan (PCP) Report Checklist
PBSF Candidate Version

PBSF Candidate's Name: _____ **Date:** _____ **Focus Person Name:** _____

Role of Facilitator	
The duration of my involvement with this person was (please check one item):	
<input type="checkbox"/> 1 visit with person & team	<input type="checkbox"/> 2-5 visits with person & team
<input type="checkbox"/> ongoing visits with person & team	

Instructions - Please note page(s) where the listed information can be found

PART 1 – GENERAL INFORMATION		Page(s)
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)	
2.	The focus person's strengths are described, including characteristics that others like and admire about the person	
3.	A brief history of the focus person's life is provided (residences, family situations, previous supports, quality of life, social life, etc.)	
4.	Important places for the focus person at school/work, home, and in the community are described	
5.	Important people for the focus person and opportunities to interact are described	
6.	The focus person's preferred method of communication is described	
7.	Opportunities for choice in the focus person's current environment are described	
8.	Issues of control over the focus person's current environment are described	
9.	Health and physiology issues are described, including development, etiology, diagnoses, and include impact on person's education and current life	
10.	Mobility (motor and transportation) issues are described	
11.	Plans/tools/frames are highly visual in presentation and included in visual format	
12.	Current schedules/activity patterns are described (quality, predictability, meaningfulness)	
REASON FOR PERSON CENTERED PLAN EXPLAINED		
13.	Behavioral and/or environmental issues are identified	
14.	The relationship of current events to the focus person's history is provided	

PART 2 – ASSESSMENT		Page(s)
Person Centered Plan Tools		
15.	Planning and assessment participants are listed	
16.	Planning and meeting dates are included	
17.	PCP tools are described and justified, and referred to in appendix if included	
18.	A global statement of the person's dreams is made	
19.	Type of preferred living setting for the focus person is described	
20.	With whom the focus person wants to live is clearly stated	
21.	With whom the focus person wants to socialize is clearly stated	
22.	What work or other valued activity the focus person wants to do is described	
23.	Social, leisure, or religious activities the focus person wants to participate in are described	
24.	Fears and/or barriers to achieving preferred lifestyle are described	

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Person-Centered Plan (PCP) Report Checklist
PBSF Candidate Version

PBSF Candidate Name: _____ **Date:** _____ **Focus Person Name:** _____

Instructions - Please note page(s) where the listed information can be found

PART 3 – INTERVENTIONS AND SUPPORTS		Page(s)
PCP Interventions		
25.	Goals or skills to be achieved are described	
26.	Activities needed to support the focus person to achieve goals are described	
27.	Skill development needed to support the person to achieve goals is described	
28.	Materials, equipment, and/or assistive technology needed to support the focus person to achieve goals are described	
29.	Services and supports needed for the person to achieve goals are described	
30.	Plan outlines how achievement of goals or skills will be assessed	
General Intervention Considerations/Contextual Fit		
31.	Resources needed are described including time requirements for implementation	
32.	Potential financial costs and limitations related to plan are discussed	
33.	Evidence that values/expectations of team members are considered	

PART 4 – FOLLOW-UP		Page(s)
PCP Follow-up		
34.	Evaluation of achievement of goals or skills includes (at least 1): <input type="checkbox"/> Number of goals or skills achieved <input type="checkbox"/> Other measures of achievement of goals or skills <input type="checkbox"/> Commentary on overall improvement of person’s quality of life	
Continuous Evaluation		
35.	Action plan for implementing the person centered plan is described, including: <input type="checkbox"/> Timeline for goal/skill achievement <input type="checkbox"/> What it is to be done <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	
36.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff, including a brief training format/document	

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**PERSON-CENTERED Plan Report Check List
REVIEWER VERSION**

PBSF Candidate's Name _____

Endorsement Board Member Name _____

ROLE OF FACILITATOR (CHECK ONE)		
<input type="checkbox"/> One visit with person & team	<input type="checkbox"/> 2-5 visits with person & team	<input type="checkbox"/> ongoing visits with person & team

Instructions: Please rate each of the following by assigning a point value.

If the item is present in the document, assign 1 point. If it is not included, assign a 0.

Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
PART 1- GENERAL INFORMATION			
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)		
2.	The focus person's strengths are described, including characteristics that others like and admire about the person		
3.	A brief history of the focus person's life is provided (residences, family situations, previous supports, quality of life, social life, etc.)		
4.	Important places for the focus person at school/work, home, and in the community are described		
5.	Important people for the focus person and opportunities to interact are described		
6.	The focus person's preferred method of communication is described		
7.	Opportunities for choice in the focus person's current environment are described		
8.	Issues of control over the focus person's current environment are described		
9.	Health and physiology issues are described, including development, etiology, diagnoses, and include impact on person's education and current life		
10.	Mobility (motor and transportation) issues are described		
11.	Plans/tools/frames are highly visual in presentation and included in visual format		
12.	Current schedules/activity patterns are described (quality, predictability, meaningfulness)		
REASON FOR PERSON CENTERED PLAN EXPLAINED			
13.	Behavioral and/or environmental issues are identified		
14.	The relationship of current events to the focus person's history is provided		
TOTAL SCORE FOR PART 1			

Reviewer Comments:

**PERSON-CENTERED Plan Report Check List for Standard Portfolio
REVIEWER VERSION**

PBSF Candidate's Name _____

Endorsement Board Member Name _____

Instructions: Please rate each of the following by assigning a point value.

If the item is present in the document, assign 1 point. If it is not included, assign a 0.

Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

PART 2- ASSESSMENT			
Person Centered Plan Tools			
		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
15.	Planning and assessment participants are listed		
16.	Planning and meeting dates are included		
17.	PCP tools are described and justified, and referred to in appendix if included		
18.	A global statement of the person's dreams is made		
19.	Type of preferred living setting for the focus person is described		
20.	With whom the focus person wants to live is clearly stated		
21.	With whom the focus person wants to socialize is clearly stated		
22.	What work or other valued activity the focus person wants to do is described		
23.	Social, leisure, or religious activities the focus person wants to participate in are described		
24.	Fears and/or barriers to achieving preferred lifestyle are described		
TOTAL SCORE FOR PART 2			

PART 3- INTERVENTIONS AND SUPPORTS			
PCP Interventions			
		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
25.	Goals or skills to be achieved are described		
26.	Activities needed to support the focus person to achieve goals are described		
27.	Skill development needed to support the person to achieve goals is described		
28.	Materials, equipment, and/or assistive technology needed to support the focus person to achieve goals are described		
29.	Services and supports needed for the person to achieve goals are described		
30.	Plan outlines how achievement of goals or skills will be assessed		
General Intervention Considerations/Contextual Fit			
31.	Resources needed are described including time requirements for implementation		
32.	Potential financial costs and limitations related to plan are discussed		
33.	Evidence that values/expectations of team members are considered		

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TOTAL SCORE FOR PART 3		
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Reviewer Comments:

**PERSON-CENTERED Plan Report Check List for Standard Portfolio
REVIEWER VERSION**

PBSF Candidate's Name _____

Endorsement Board Member Name _____

Instructions: Please rate each of the following by assigning a point value.
If the item is present in the document, assign 1 point. If it is not included, assign a 0.
Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

PART 4 – FOLLOW UP			
		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
PCP Follow-up			
34.	Evaluation of achievement of goals or skills includes (at least 1): <input type="checkbox"/> Number of goals or skills achieved <input type="checkbox"/> Other measures of achievement of goals or skills <input type="checkbox"/> Commentary on overall improvement of person's quality of life		
Continuous Evaluation			
35.	Action plan for implementing the person centered plan is described, including: <input type="checkbox"/> Timeline for goal/skill achievement <input type="checkbox"/> What it is to be done <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)		
36.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff, including a brief training format/document		
TOTAL SCORE FOR PART 4			

Reviewer comments:

TOTAL SCORES FOR PERSON-CENTERED PLAN

	ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
PART 1 – General Information		
PART 2 – Assessment		
PART 3 – Interventions and Supports		
PART 4 – Follow Up		
TOTAL SCORE FOR PERSON CENTERED PLAN		

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Positive Behavior Support Facilitator Portfolio

PBS Plan with Implementation Data and Narrative Cover Letter

PBS Plan with Implementation Data Checklists

In this section, please include your Positive Behavior Support Plan, a narrative cover letter (describing the team process and any details that are not included in the plan but are on the checklist), data, data charts, other relevant information, a completed PBSF Candidate checklist, indicating the page number of the plan where the information is located, and a blank “reviewer” version checklist. Where appropriate (particularly if significant information is located on one page), please indicate the section where the information is found. Do NOT put “N/A” on any item on the checklist, as this will result in your portfolio being returned to you for incompleteness.

Positive Behavior Support Plan (PBS-P) Report Checklist
PBSF Candidate Version

PBSF Candidate Name: _____ **Date:** _____ **Focus Person Name:** _____

Role of Facilitator	
The duration of my involvement with this person was (please check one item):	
<input type="checkbox"/> 1 visit with person & team	<input type="checkbox"/> 2-5 visits with person & team
<input type="checkbox"/> ongoing visits with person & team	

Instructions - Please note page(s) where the listed information can be found

PART 1 – GENERAL INFORMATION		Page(s)
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)	
2.	The focus person’s strengths are described, including characteristics that others like and admire about the person	
3.	A brief history of the focus person’s life is provided (residences, family situations, previous supports, quality of life, social life, etc.)	
4.	Important places for the focus person at school/work, home, and in the community are described	
5.	Important people for the focus person and opportunities to interact are described	
6.	The focus person’s preferred method of communication is described	
7.	Opportunities for choice in the focus person’s current environment are described	
8.	Issues of control over the focus person’s current environment are described	
9.	Health and physiology issues are described, including development, etiology, diagnoses, and include impact on person’s education and current life	
10.	Mobility (motor and transportation) issues are described	
11.	Current schedules/activity patterns are described (quality, predictability)	
Reason For Referral		
12.	Behavioral and/or environmental issues are identified	
13.	The relationship of current events to the focus person’s history is provided	

PART 2 – ASSESSMENT		Page(s)
Functional Assessment		
14.	Indirect assessment data include at least 2 of the following: <input type="checkbox"/> Caregiver interviews <input type="checkbox"/> Record reviews <input type="checkbox"/> Assessment tools used to collect quality of life, setting events, & other related information	
15.	Data/information from direct observations are described	
16.	Problem behaviors are operationally defined; definitions are clear	
17.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)	
18.	All assessment measures and data sources are described	
19.	Hypothesis statement is provided for each problem behavior (or problem behavior class)	
20.	Data to support each hypothesis are presented including frequencies	

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Positive Behavior Support Plan (PBS-P) Report Checklist
PBSF Candidate Version

PBSF Candidate Name: _____ **Date:** _____ **Focus Person Name:** _____

Instructions - Please note page(s) where the listed information can be found

PART 3 – INTERVENTIONS AND SUPPORTS		Page(s)
Function Based Interventions		
21.	Rationales for intervention selection are stated	
22.	Possible function of problem behavior is addressed	
23.	Instruction of adaptive skills as replacement behavior is included	
24.	Replacement behaviors are operationally defined	
25.	Each part of the hypothesis statement (setting event, antecedent, behavior, consequence) is addressed	
26.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/interaction approaches	
27.	Minimizing positive and/or negative reinforcement for problem behavior is included	
28.	Selecting effective reinforcers and/or maximizing positive reinforcement for desired behavior is included	
29.	Safety/emergency procedures for what to do if/when crisis occurs is addressed	
30.	Skill acquisition needs are addressed	
31.	Measurement method of each target behavior is described (including replacement behavior)	
32.	What data will be gathered for intervention effectiveness assessment is described	
33.	Training needs are identified and/or system of support is established	
34.	Resources needed are described including time requirements for implementation	
35.	Financial costs and/or limitations related to interventions are discussed	
36.	Process for following up on the intervention plan is described <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	

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Positive Behavior Support Plan (PBS-P) Report Checklist
PBSF Candidate Version

PBSF Candidate Name: _____ **Date:** _____ **Focus Person Name:** _____

Instructions - Please note page(s) where the listed information can be found

PART 4 – FOLLOW-UP		Page(s)
Function Based Interventions Follow-up		
37.	Baseline and intervention data for each target behavior are graphed	
38.	Any graphs are clear (include labels, axis values, titles, and legend)	
39.	Indirect or direct measures of replacement behavior are provided	
40.	A statement regarding the effectiveness of interventions is made	
41.	Data provided support statement(s) regarding the effectiveness of interventions	
Continuous Evaluation		
42.	Measures to be gathered for continued evaluation include both direct and indirect measures and are described	
43.	Process for continuing to monitor the intervention plan is described: <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	
44.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff	

PART 5 – ATTACHMENTS		Page(s)
45.	All pertinent supporting materials are included with the report: <input type="checkbox"/> Data sheets <input type="checkbox"/> Data summaries <input type="checkbox"/> Questionnaires	
46.	Includes short version of the plan that was given to direct care staff for quick reference	

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Positive Behavior Support Plan (PBS-P) Report Checklist
REVIEWER VERSION

PBSF Candidate's Name _____

Endorsement Board Member Name _____

ROLE OF FACILITATOR (CHECK ONE)		
<input type="checkbox"/> One visit with person & team	<input type="checkbox"/> 2-5 visits with person & team	<input type="checkbox"/> ongoing visits with person & team

Instructions: Please rate each of the following by assigning a point value.
 If the item is present in the document, assign 1 point. If it is not included, assign a 0.
 Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

PART 1- GENERAL INFORMATION			
		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)		
2.	The focus person's strengths are described, including characteristics that others like and admire about the person		
3.	A brief history of the focus person's life is provided (residences, family situations, previous supports, quality of life, social life, etc.)		
4.	Important places for the focus person at school/work, home, and in the community are described		
5.	Important people for the focus person and opportunities to interact are described		
6.	The focus person's preferred method of communication is described		
7.	Opportunities for choice in the focus person's current environment are described		
8.	Issues of control over the focus person's current environment are described		
9.	Health and physiology issues are described, including development, etiology, diagnoses, and include impact on person's education and current life		
10.	Mobility (motor and transportation) issues are described		
11.	Current schedules/activity patterns are described (quality, predictability)		
Reason For Referral			
12.	Behavioral and/or environmental issues are identified		
13.	The relationship of current events to the focus person's history is provided		
TOTAL SCORE FOR PART 1			

Reviewer comments:

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Positive Behavior Support Plan (PBS-P) Report Checklist
REVIEWER VERSION

PBSF Candidate's Name _____

Endorsement Board Member Name _____

Instructions: Please rate each of the following by assigning a point value.
 If the item is present in the document, assign 1 point. If it is not included, assign a 0.
 Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

PART 2- ASSESSMENT			
Person Centered Plan Tools			
		ITEM IN PLACE? 0-1 SCORE	QUALITY 1-3 SCORE
14.	Indirect assessment data include at least 2 of the following: <input type="checkbox"/> Caretaker interviews <input type="checkbox"/> Record reviews <input type="checkbox"/> Assessment tools used to collect quality of life, setting events, & other related information		
15.	Data/information from direct observations are described		
16.	Problem behaviors are operationally defined; definitions are clear		
17.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)		
18.	All assessment measures and data sources are described		
19.	Hypothesis statement is provided for each problem behavior (or problem behavior class)		
20.	Data to support each hypothesis are presented including frequencies		
TOTAL SCORE FOR PART 2			

Reviewer Comments:

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Positive Behavior Support Plan (PBS-P) Report Checklist
REVIEWER VERSION

PBSF Candidate's Name _____

Endorsement Board Member Name _____

Instructions: Please rate each of the following by assigning a point value.
 If the item is present in the document, assign 1 point. If it is not included, assign a 0.
 Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

ITEM IN PLACE? QUALITY
 0-1 SCORE 1-3 SCORE

PART 3- INTERVENTIONS AND SUPPORTS			
Function Based Interventions			
21.	Rationales for intervention selection are stated		
22.	Possible function of problem behavior is addressed		
23.	Instruction of adaptive skills as replacement behavior is included		
24.	Replacement behaviors are operationally defined		
25.	Each part of the hypothesis statement (setting event, antecedent, behavior, consequence) is addressed		
26.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/interaction approaches		
27.	Minimizing positive and/or negative reinforcement for problem behavior is included		
28.	Selecting effective reinforcers and/or maximizing positive reinforcement for desired behavior is included		
29.	Safety/emergency procedures for what to do if/when crisis occurs is addressed		
30.	Skill acquisition needs are addressed		
31.	Measurement method of each target behavior is described (including replacement behavior)		
32.	What data will be gathered for intervention effectiveness assessment is described		
33.	Training needs are identified and/or system of support is established		
34.	Resources needed are described including time requirements for implementation		
35.	Financial costs and/or limitations related to interventions are discussed		
36.	Process for following up on the intervention plan is described <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)		
TOTAL SCORE FOR PART 3			

Reviewer Comments:

Positive Behavior Support Plan (PBS-P) Report Checklist

REVIEWER VERSION

PBSF Candidate's Name _____

Endorsement Board Member Name _____

Instructions: Please rate each of the following by assigning a point value.

If the item is present in the document, assign 1 point. If it is not included, assign a 0.

Please rate the quality of the item on a 3 point scale:

- 1 item is partially complete
- 2 item is satisfactory
- 3 item is above satisfactory

ITEM IN PLACE? QUALITY
0-1 SCORE 1-3 SCORE

PART 4 – FOLLOW UP			
Function Based Interventions Follow-up			
37.	Baseline and intervention data for each target behavior are graphed		
38.	Any graphs are clear (include labels, axis values, titles, and legend)		
39.	Indirect or direct measures of replacement behavior are provided		
40.	A statement regarding the effectiveness of interventions is made		
41.	Data provided support statement(s) regarding the effectiveness of interventions		
Continuous Evaluation			
42.	Measures to be gathered for continued evaluation include both direct and indirect measures and are described		
43.	Process for continuing to monitor the intervention plan is described: <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)		
44.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff		
TOTAL SCORE FOR PART 4			

ITEM IN PLACE? QUALITY
0-1 SCORE 1-3 SCORE

PART 5 – ATTACHMENTS			
45.	All pertinent supporting materials are included with the report: <input type="checkbox"/> Data sheets <input type="checkbox"/> Data summaries <input type="checkbox"/> Questionnaires		
46.	Includes short version of the plan that was given to direct care staff for quick reference		

Reviewer comments:

TOTAL SCORES FOR POSITIVE BEHAVIOR SUPPORT PLAN

ITEM IN PLACE? QUALITY
0-1 SCORE 1-3 SCORE

PART 1 – General Information		
PART 2 – Assessment		
PART 3 – Interventions and Supports		
PART 4 – Follow Up		
PART 5 – Attachments		
TOTAL SCORE FOR PERSON CENTERED PLAN		

Adapted and used with permission from the Kansas Institute for Positive Behavior Support

Positive Behavior Support Facilitator Portfolio

Recommendation Forms

- Focus Person and/or Family Member
- Team Member

***NOTE:** Send forms to each party with a self-addressed stamped envelope included. Instruct each person to complete the form, seal it in the envelope, sign their name across the seal of the envelope and return the form to the PBSF Candidate. The PBSF Candidate is to put unopened forms in portfolio.

See forms to be completed on following pages

**Positive Behavior Support Facilitator
Recommendation Form**

Family Version

This evaluation is designed to help you give us feedback on your experiences working with _____, who has been helping you with your family member with behavior issues. Please answer the following questions and mail the completed form back in the self-addressed stamped envelope provided. Your completed form will help us decide if this person meets the criteria to become endorsed as a Positive Behavior Support Facilitator (PBSF). Thank you for your time!

<p><i>Please use the following scale to rate your response: circle the item</i> YES = you agree with the statement PARTIAL = you agree somewhat NO = you do not agree N/A = is not applicable for my situation</p>			
1.	I felt that my family member and I were included (or asked to be) in all meetings.	YES NO	PARTIAL N/A
2.	My family member and I were treated with dignity and respect.	YES NO	PARTIAL N/A
3.	My family member and I felt our opinions were valued.	YES NO	PARTIAL N/A
4.	The PBSF Candidate found out what my family member's hopes and dreams are for life.	YES NO	PARTIAL N/A
5.	The PBSF Candidate asked my family member and me questions during our meetings.	YES NO	PARTIAL N/A
6.	My family member's human rights were respected in this behavior or person-centered plan process.	YES NO	PARTIAL N/A
7.	A goal of my family member's behavior or person-centered plan has been to live as independently as possible.	YES NO	PARTIAL N/A
8.	As a result of working with the PBSF Candidate, my family member has the opportunity to be more involved in activities with persons without disabilities.	YES NO	PARTIAL N/A
9.	I feel that my family member's quality of life has increased since working with the PBSF Candidate.	YES NO	PARTIAL N/A
10.	I feel that my family member has made progress toward or overcome the original problem behavior.	YES NO	PARTIAL N/A
<p>Please elaborate on any of the items listed above that were marked "Partial" or "No," and include any other information that is important to consider for this PBSF candidate.</p>			

Family Member's Name: _____

PBSF Candidate: _____

**Positive Behavior Support Facilitator
Recommendation Form**

Focus Person Version

This evaluation is designed to help you give us feedback on your experiences working with _____, who has been helping you with behavior issues. Please answer the following questions and mail the completed form back in the self-addressed stamped envelope provided. Your completed form will help us decide if this person meets the criteria to become endorsed as a Positive Behavior Support Facilitator (PBSF). Thank you for your time!

Please use the following scale to rate your response: circle the item
YES = you agree with the statement **PARTIAL**= you agree somewhat
NO = you do not agree **N/A** = is not applicable for my situation

1.	I felt that I was included (or given the option to be) in all meetings.	YES NO	PARTIAL N/A
2.	I felt like I was treated with dignity and respect.	YES NO	PARTIAL N/A
3.	I felt my opinions were valued.	YES NO	PARTIAL N/A
4.	The PBSF Candidate found out what my hopes and dreams are for my life.	YES NO	PARTIAL N/A
5.	The PBSF Candidate asked me questions during our meetings.	YES NO	PARTIAL N/A
6.	I feel that my human rights were respected in this Positive Behavior Support or Person-Centered Plan process.	YES NO	PARTIAL N/A
7.	My PBS or Person-Centered Plan helped increase my independence.	YES NO	PARTIAL N/A
8.	As a result of working with the PBSF Candidate, I have opportunities to be involved in more activities.	YES NO	PARTIAL N/A
9.	I feel that my overall quality of life has increased since working with this PBSF Candidate.	YES NO	PARTIAL N/A
10.	I feel that I have made progress toward or overcome my original problem behavior.	YES NO	PARTIAL N/A

Please elaborate on any of the items listed above that were marked “Partial” or “No,” and include any other information that is important to consider for this PBSF candidate.

Focus Person’s Name: _____

PBSF Candidate: _____

**Positive Behavior Support Facilitator
Recommendation Form**

Team Member Version

This evaluation is designed to help you give us feedback on your experiences working with _____ . You have been a member of a support team for a behavior support plan and/or a person-centered plan. Please answer the following questions and mail this evaluation back in the self-addressed stamped envelope provided. Your completed form will help us decide if this person meets the criteria to become endorsed as a Positive Behavior Support Facilitator (PBSF). Thank you for your time!

<p><i>Please use the following scale to rate your response: circle the item</i> YES = you agree with the statement PARTIAL= you agree somewhat NO = you do not agree N/A = is not applicable for my situation</p>			
1.	I feel that the PBSF Candidate saw the focus person as a person “first.”	YES	PARTIAL
		NO	N/A
2.	The PBSF Candidate explained the PBS process to the focus person and support team.	YES	PARTIAL
		NO	N/A
3.	I felt that my opinions were valued by the PBSF Candidate.	YES	PARTIAL
		NO	N/A
4.	The PBSF Candidate thoroughly explained how to use any data collection tools that I was assigned to complete.	YES	PARTIAL
		NO	N/A
5.	The PBSF Candidate emphasized the Positive Behavior Support or Person-Centered Plan process as a team effort requiring input from all members.	YES	PARTIAL
		NO	N/A
6.	The PBSF Candidate responded to any inquiries in a timely manner & was easy to contact.	YES	PARTIAL
		NO	N/A
7.	Because of working with the PBSF Candidate, I now know more about Positive Behavior Supports or Person-Centered planning.	YES	PARTIAL
		NO	N/A
8.	I better understand the functions of the focus person’s problem behavior(s).	YES	PARTIAL
		NO	N/A
9.	The PBSF Candidate stressed the importance of examining the “communicative intent” of problematic behaviors.	YES	PARTIAL
		NO	N/A
10.	The PBS or Person-Centered Plan has increased the quality of life for the person.	YES	PARTIAL
		NO	N/A
11.	If the focus person has behavioral needs in the future, I and their support team can implement strategies if the facilitator was not available.	YES	PARTIAL
		NO	N/A
<p>Please elaborate on any of the items listed above that were marked “Partial” or “No,” and include any other information that is important to consider for this PBSF candidate.</p>			

Team Member’s Name: _____ PBSF Candidate: _____

Positive Behavior Support Facilitator Portfolio

**Example of Professional PBS Product:
Writing, research, trainings given or presentation**

(Required for Expedited Portfolio)

Please include an outline of the product or PowerPoint presentation along with a description of the targeted audience, approximate date(s), and size of audience.

Positive Behavior Support Facilitator Portfolio

Other Items (Optional)

**(i.e. PBSF Candidate Comments, Additional
Examples of Work in PBS
or PCP, Appendices)**