BEHAVIOURAL INTERVENTION / MENTAL ILLNESS INSTRUCTIONAL SUPPORT PLANNING PROCESS

Grade _____

Student's Name _____

		Date	
DOMAIN	STRENGTHS	NEEDS	A Choose see no
SOCIAL/EMOTIONAL FUNCTIONING			
COMMUNICATION			
SELF DETERMINATION/ INDEPENDENCE			
ACADEMICS/ INTELLECTUAL FUNCTIONING			
C = Complex and/or intense imp Goals Developed to Address			
Objectives and Strategies to	Address Goals Developed: (what in	nterventions/services/strategies can	maximize functioning
	utcome/s and Goal Achievement: (w		were the interventions
	utcome/s and Goal Achievement: (we services be improved for better outco		were the interventions

	CRIPTION OF DOMAIN & YPICAL SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)		
		The student's level of functioning				
	 Adapting and coping behaviours to function in a variety of social/community 	Student exhibits mild functional problems occasionally and intermittently	Student exhibits moderate functional problems not necessarily in every setting or at all times	Significant functional problems occur across multiple settings		
SOCIAL/EMOTIONAL FUNCTIONING	situations. Functional social and emotional behaviour that that supports learning. - Social and emotional functioning: - impulse control - mood disorders - anxiety - appropriate reciprocal social behaviour - appropriate sexual behaviour - ability to make appropriate social choices - setting realistic social goals - sexual awareness and appropriate expression - turn taking and sharing of materials, equipment and time - difficulties with routine changes - depression POSSIBLE SOURCES OF INFORMATION - File review - Functional Behaviour Analysis - Vineland-Maladaptive Scale - Behavior Assessment	Some difficulties with impulse control Some difficulties with anger control Changes/transitions Cocasional atypical social behaviour (shouting, vocalizing, intruding, negative self talk) Cocasionally fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.) May need some structured behaviour intervention techniques/procedures (e.g., token economy, checklists, response cost, quiet time, etc.) Attempts to socialize; has few friends Experiences minor levels of compulsive thought, anxiety, worry, or difficult fears Some problems with anger when frustrated or confused Does not readily accept praise/reinforcement Cocasional inappropriate sexual comments, innuendo, looking Tends to interact/play with children much younger/much older May use verbal aggression (words, volume, tone) to respond to conflict Coccasionally displays overly structured routines, obsessions, repetitive or ritualized behaviours May use physical aggression (hits, punches, kicks – or threatens to) May attempt to cajole or intimidate others into participation in antisocial or	Ongoing moderate problems with impulse control Ongoing moderate problems with anger control Regular difficulties with routine changes and transitions Regular atypical social behaviours (shouting, vocalizing, intruding, fantasy play) Fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.) Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced Frequent difficulty relating to peers; atypical play Experiences moderate levels of compulsive thought, anxiety, worry, or difficult fears Becomes angry when frustrated or confused Does not respond appropriately to praise/reinforcement Often displays inappropriate sexualized behaviour(comments, leering, inappropriate sexual language or touching, dress) Often uses verbal aggression (words, volume, tone) to respond to conflict Occasionally physically aggressive (hits, pinches, kicks – or threatens to) Strong tendency toward self isolation Frequently displays overly structured routines, obsessions, repetitive or ritualized behaviours Often interacts/plays with children who are much younger/older Occasionally cajoles or intimidates others into participation in antisocial or inappropriate behaviours Ongoing/moderate difficulties with obsessions about routines/rituals	Severe and sustained problems with impulse control Severe and sustained problems with anger control Significant difficulties with routine changes and transitions in educational settings Obsessive about routines High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding, uncontrolled fantasy play) Ongoing, continuous non-compliance/defiance Needs a response plan (safety plan) – for protection of self and/or others (frequently throws objects, hits, bites, screams, tantrums, flight risk) Throws object/s, hits, tantrums, screams Often verbally aggressive (shouts, screams, threatens – volume and tone threaten others Needs intensive and immediately available interventions to avoid escalation May need extensive "time out" and/or physical restraint – dangerous if not supervised Behaviours are dangerous to self and/or others Unable to relate to peers Experiences severe levels of compulsive thought, anxiety, worry, or difficult fears Behaviours significantly worse in the absence of prescribed medications Excessively withdrawn Suicidal ideation/behaviour Tactile defensive Exhibits severe negative over-reactions to praise Exclusively interacts/plays with children much older/younger Frequently displays high risk sexualized behaviour (comments, inappropriate sexual language or contact, dress) Severe and sustained difficulties with and/or obsession about individual routines and/or rituals High frequency use of verbal aggression (word, volume, tone) to respond to conflict Frequent physical aggression (hits, pinches, kicks, or threatens to)		
	System for Children - Auchenbach Scales - Connor's Rating Scale	inappropriate behaviours Some difficulties with or obsessions about rituals/routines		Frequently cajoles or intimidates others into participation in antisocial or inappropriate behaviours		
	Scales of Independent Behavior Revised:	maasnoatines	Examples of Supports			
	Maladaptive - Behavior Specialist	Some structuring of class routines (transition cueing, re-direction, token	Consistent and structured class routines Frequent staff intervention to manage behaviour	□ Intensive individualized programming □ Use of planned physical restraint.		
	assessment - Physician/Child Psychiatrist - Medication review	economies, quiet time, etc.) Use of peer/buddy system to model	 Direct interventions required to prevent or stop class disruption 	☐ Use of supervised time-out procedures (removal from classroom environment)		
	Medication review Child & Youth Mental Health Assessment	social/emotional behaviours Use of small group activities to minimize distractions and simplify social/emotional interactions	 □ Very explicit behaviour intervention techniques □ Specialized behavioural/counselling supports □ Promote the development of positive attachments to adults/peers (important to all students at all levels of 	 Unique and highly structured behavioural programming All social situations require mediation Safety planning Ongoing psychiatric care 		
		Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)	functioning) Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)	 Ongoing interagency involvement Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning) 		

	CRIPTION OF DOMAIN & COSSIBLE SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)
	Receptive & Expressive Communication. Understanding and using spoken language as a tool for communication.	Student exhibits mild functional problems occasionally and intermittently	The student's level of functioning Student exhibits moderate functional problems not necessarily in every setting or at all times	Significant functional problems occur across multiple settings
COMMUNICATION	- Understanding body language (gestures, visual signs, facial expressions, etc.) - Pragmatic language: active listening, following social rules, initiating and responding to communication - Volume, tone and voice quality appropriate - Understanding non-literal language (metaphor, simile, jokes, etc.) - Responding to communication - Initiating and/or sustaining communication POSSIBLE SOURCES OF INFORMATION - File review - Speech-Language Pathology assessment - Augmentative Communication Specialist assessment	 □ May need prompting/cueing to attend to conversations/class discussions □ May ignore speaker/interrupts □ May need to be spoken to more slowly □ Some difficulty understanding verbal instructions – may need clarification/restatement □ Some difficulty interpreting and responding to normal non-verbal behaviours and cues from others □ Some difficulty with the appropriate use of nonverbal behaviours and cues from others □ Can speak or communicate using alternative communication to express ideas, thoughts and needs □ Some difficulty following multi-step instructions □ May have difficulty communicating needs in most environments □ Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs □ Some difficulty adjusting language to varying social situations □ Takes things literally □ Tends to use fabrication and and/or embellishment 	 □ Needs regular verbal and/or non-verbal cueing to attend to instructions and discussions □ May also need simple gestures to enhance understanding of verbal communication □ Has difficulty understanding instructions □ Frequent difficulty interpreting and responding to normal non-verbal behaviours and cues from others □ Frequent difficulty with the appropriate use of non-verbal behaviours and cues from others □ Alternative or systematized methods of communication may be required □ May need multi-step instructions broken down □ Misunderstands complex sentences, language (e.g. humour, metaphor, simile, inference) □ Difficulty following topic, watching speaker □ Occasionally ignores people speaking to him/her □ Occasionally has difficulty communicating needs in most environments □ Language may be simple but has difficulty communicating needs 	 Constant verbal and/or non-verbal cueing to attend to instructions and discussions Concrete visual supports may be also be needed (e.g., pic symbols, pictures, gestural signs) Communicates basic needs and wants only with supports and prompts – includes absence of spoken language May become socially withdrawn and/or becomes agitated or aggressive when not easily understood Tactile defensive Frequently ignores people speaking to him/her Requires assistance or is dependent on assistance in understanding instructions Frequently has difficulty communicating needs in most environments Cannot communicate needs. Verbalizations may be highly stereotyped, echolalic, perseverative
	Behavioural Specialist Assessment	Examples of Supports		
	Adaptive Testing: Vineland Adaptive Behavior Scales Scales of Independent Behavior Revised SIB-R Supports Intensity Scale (SIS) Psycho-educational testing Medical evaluation Audiological evaluation Visual evaluation Other	 Use of verbal/nonverbal cues to gain attention Some simplification of verbal instructions Monitoring understanding/compliance to instructions SLP consultation/support Preferential seating Use of peer coach/buddy system Some case management 	 Integrated case management Instructional prompts, cues and signs Structured facilitated conversations Use of alternate forms of communication (visual cues, signs, pictograms, etc.) Verbal communication may need to be simplified (ie. presented in stages, delivered at a slower pace) 	 Extensive integrated case management Constant, direct, structured supports Systematized communications strategies Extensive individualized support Safety planning

	CRIPTION OF DOMAIN & OSSIBLE SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)
RMINATION/INDEPENDENCE	Independence to access the larger social community. Ability to meet and respond to demands of daily life. Exercising appropriate choices. - Acting independently, making individual and appropriate choices without undue external influence - Having appropriate daily living skills, including safety-related behaviours - Ability to use private and public transport, access public places and services (shopping, restaurants, parks, recreation facilities) - Ability to make appropriate personal choices socially - Setting realistic personal goals - Ability to solve social problems - Sexuality awareness and appropriate expression	Student exhibits mild functional problems occasionally and intermittently Has most of the required skill sets for functioning independently and may follow most routines and transitions May function independently in the school environment most of the time; may need some mild staff intervention Interacts with peers; may need some mild social re-direction Some lack of care of personal hygiene, disinterest in grooming/clothing Occasional reminders to engage leaarning and/or leisure activities Needs some adult mediation/direction May require assistance with some activities during transitioning Some problems with social problem solving May require some reminders about the needs of others May make sexually related comments or engage in inappropriate behaviour with sexual overtones May demonstrate some difficulties with impulse control	Student exhibits moderate functional problems not necessarily in every setting or at all times Occasionally follows some but not all routines Needs occasional direction/prompting around social skills/interactions with peers and adults Will occasionally initiate tasks and activities but may require support to complete Disinterested in persona; grooming/ hygiene Some inappropriate sexual behaviours/comments Needs guidance to engage in learning or leisure activities Sometimes demonstrates poor impulse control Needs regular reminders about the needs of others Needs frequent adult mediation/direction Requires assistance frequently during transitioning Frequent problems with social problem solving May occasionally demonstrate difficulties with impulse control Careless of feelings or rights of others (destruction of property, vandalism, stealing) Often personally discouraged	Significant functional problems occur across multiple settings Frequently does not follow school/class routines Little desire to achieve independence Requires special program support planning Needs frequent direction/prompts around social skills/interactions with peers and adults Sexual behaviour may be overt, repetitive and significantly interfere with social functioning Drug use may be overt, repetitive and significantly interfere with functioning Frequently demonstrates poor impulse control Unaware of interpersonal and/or physical danger No regard for the feelings or rights of others Behaviour dangerous to self and/or others Needs constant support to engage in learning or leisure activities – few leisure interests or skills Constant reminders/unable to understand the feelings of others Needs constant adult mediation/direction Needs constant support to understand how their behaviour affects others Requires continuous assistance during transitioning All social problems require direct mediation No regard for personal hygiene Extremely disappointed with self resulting in negative self-concept
DETE	POSSIBLE SOURCES OF INFORMATION – File review	 May have difficulty understanding the feelings and rights of others. Disappointed with self 	Examples of Supports	Lack of "agency" (does not believe she/he has any power to make change/s)
SELF	 - File review - Vineland Adaptive Behavior - Scales - Scales of Independent - Behavior Revised SIB-R - Supports Intensity Scale (SIS) - Other 	Occasional reminders and prompts Peer coaching/buddy system for social modeling	□ Integrated case management □ Frequent supervision □ Social skills training □ Some behaviour intervention regarding social behaviour □ Direct life-skills instruction □ Structured peer coaching	□ Intensive, integrated case management □ Consistent, direct adult supervision □ Safety planning □ Time-out/physical interventions plans □ Functional life-skills planning □ Skill development for independent living □ Referral into community resources and programs

	CRIPTION OF DOMAIN & OSSIBLE SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)	
Ð	Includes academics (reading, writing, spelling, mathematics, etc.). Thinking, reasoning skills and problem solving. Ability to generalize learning.	Student exhibits mild functional problems occasionally and intermittently	Student exhibits moderate functional problems not necessarily in every setting or at all times	Significant functional problems occur across multiple settings	
ECTUAL FUNCTIONIN	 Reading - decoding, sight-word vocabulary, phonemic awareness, comprehension Writing - printing, cursive, spelling Mathematics - calculation (paper and non-paper), estimation, measurement, use of calculator, problem solving Application of reading, writing and arithmetic to other subject areas Ability to analyze new information, integrate information, generalize learning to new situations 	 Experiences difficulty with the curriculum Difficulty acquiring new information, making connections and generalizing Minor difficulties attending to instruction and learning activities Struggles to regularly complete tasks and assignments May avoid learning; requires additional encouragement to engage Minor difficulties with multi-step or complex tasks Skills/abilities appear evenly developed across all academic subject areas Mild difficulty with problem-solving, especially when dealing with abstractions Inconsistent use of learning strategies Minor difficulty generalizing Some difficulty with short and/or long term memory 	□ Student needs adaptations to the curriculum	□ Student needs a modified curriculum □ Significant skills gaps due to inconsistencies in attendance □ Extreme problems learning new material □ Rarely completes tasks and assignments □ Extreme difficulties attending to instruction and learning activities □ Great difficulty acquiring and generalizing new information □ Significant discrepancies between academic subject areas □ Significant lack of learning strategies □ Not engaged in learning process (e.g. may be a non-attender) □ Significant difficulty with multi-step or complex tasks □ Academic needs require extensive educational support □ Has significant difficulty with problem solving especially when dealing with abstractions □ Significant difficulty generalizing □ Significant difficulty with short and/or long term memory	
ELL		Examples of Supports			
A C A D E M I C / I N T I	POSSIBLE SOURCES OF INFORMATION - File review - Level B academic assessment - Level C psycho-educational Assessment - Test of Nonverbal Intelligence-2 - Curriculum-Based Assessment - Other	□ Some case management □ Some adaptation and/or modification of curriculum □ Smaller group instruction and/or individualized instruction intermittently throughout the year	□ Integrated case management required □ Significant modification of learning expectations □ Use of modified/adapted curriculum □ Structured feedback to give maximum praise/reinforcement for progress on individualized program □ High levels of practice and repetition (mastery learning) of functional curriculum	 Extensive integrated case management Functional life-skills curriculum Skill development for independent living Individualization of learning outcomes, goals and objectives Adaptations and modifications are complex and highly individualized 	