

Behaviour Intervention/ Mental Illness Instructional Support Planning Process

Student's Name _____

Grade _____

School _____

DOB _____

Date _____

DOMAIN	STRENGTHS	NEEDS	A	B	C
			Choose one (✓), see note below*		
SOCIAL/EMOTIONAL FUNCTIONING					
COMMUNICATION					
SELF DETERMINATION/ INDEPENDENCE					
ACADEMIC/ INTELLECTUAL					

***Team Decision: N/A = No impairment of functionality, A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment of functionality.**

Goals Developed to Address Needs Identified Above:

Objectives and Strategies to Address Goals Developed: (What interventions/services/strategies can maximize functioning?)

Data Sources to Monitor Outcome/s and Goal Achievement: (What are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:

DESCRIPTION OF DOMAIN & TYPICAL SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)
	<p>The student's level of functioning</p> <p>Student exhibits mild functional problems occasionally and intermittently</p>	<p>Student exhibits moderate functional problems not necessarily in every setting or at all times</p>	<p>Significant functional problems occur across multiple settings</p>
<ul style="list-style-type: none"> - Adapting and coping behaviours to function in a variety of social/community situations. Functional social and emotional behaviour that supports learning. - Social and emotional functioning: <ul style="list-style-type: none"> - 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 <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Functional Behaviour Analysis - Vineland-Maladaptive Scale - Behavior Assessment System for Children - Achenbach Scales - Connor's Rating Scale - Scales of Independent Behavior Revised. - Maladaptive Behavior Specialist assessment - Physician/Child Psychiatrist - Medication review - Child & Youth Mental Health Assessment 	<p>Some difficulties with impulse control</p> <p>Some difficulties with anger control</p> <p>Some difficulties with routine changes/transitions</p> <p>Occasional atypical social behaviour (shouting, vocalizing, intruding, negative self talk)</p> <p>Occasionally fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.)</p> <p>May need some structured behaviour intervention techniques/procedures (e.g., token economy, checklists, response cost, quiet time, etc.)</p> <p>Attempts to socialize; has few friends</p> <p>Experiences minor levels of compulsive thought, anxiety, worry, or difficult fears</p> <p>Some problems with anger when frustrated or confused</p> <p>Does not readily accept praise/reinforcement</p> <p>Occasional inappropriate sexual comments, innuendo, looking</p> <p>Tends to interact/play with children much younger/much older</p> <p>May use verbal aggression (words, volume, tone) to respond to conflict</p> <p>Occasionally displays overly structured routines, obsessions, repetitive or ritualized behaviours</p> <p>May use physical aggression (hits, punches, kicks – or threatens to)</p> <p>May attempt to cajole or intimidate others into participation in antisocial or inappropriate behaviours</p> <p>Some difficulties with or obsessions about rituals/routines</p>	<p>Ongoing moderate problems with impulse control</p> <p>Ongoing moderate problems with anger control</p> <p>Regular difficulties with routine changes and transitions</p> <p>Regular atypical social behaviours (shouting, vocalizing, intruding, fantasy play)</p> <p>Fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.)</p> <p>Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced</p> <p>Frequent difficulty relating to peers; atypical play</p> <p>Experiences moderate levels of compulsive thought, anxiety, worry, or difficult fears</p> <p>Becomes angry when frustrated or confused</p> <p>Does not respond appropriately to praise/reinforcement</p> <p>Often displays inappropriate sexualized behaviour (comments, leering, inappropriate sexual language or touching, dress)</p> <p>Often uses verbal aggression (words, volume, tone) to respond to conflict</p> <p>Occasionally physically aggressive (hits, pinches, kicks – or threatens to)</p> <p>Strong tendency toward self isolation</p> <p>Frequently displays overly structured routines, obsessions, repetitive or ritualized behaviours</p> <p>Often interacts/plays with children who are much younger/older</p> <p>Occasionally cajoles or intimidates others into participation in antisocial or inappropriate behaviours</p> <p>Ongoing/moderate difficulties with obsessions about routines/rituals</p>	<p>Severe and sustained problems with impulse control</p> <p>Severe and sustained problems with anger control</p> <p>Significant difficulties with routine changes and transitions in educational settings</p> <p>Obsessive about routines</p> <p>High frequency of socially inappropriate behaviours (shouting, vocalizing, intruding, uncontrolled fantasy play)</p> <p>Ongoing, continuous non-compliance/defiance</p> <p>Needs a response plan (safety plan) – for protection of self and/or others (frequently throws objects, hits, bites, screams, tantrums, flight risk)</p> <p>Throws objects/s, hits, tantrums, screams</p> <p>Often verbally aggressive (shouts, screams, threatens – volume and tone threaten others)</p> <p>Needs intensive and immediately available interventions to avoid escalation</p> <p>May need extensive "time out" and/or physical restraint – dangerous if not supervised</p> <p>Behaviours are dangerous to self and/or others</p> <p>Unable to relate to peers</p> <p>Experiences severe levels of compulsive thought, anxiety, worry, or difficult fears</p> <p>Behaviours significantly worse in the absence of prescribed medications</p> <p>Excessively withdrawn</p> <p>Suicidal ideation/behaviour</p> <p>Tactile defensive</p> <p>Exhibits severe negative over-reactions to praise</p> <p>Exclusively interacts/plays with children much older/younger</p> <p>Frequently displays high risk sexualized behaviour (comments, inappropriate sexual language or contact, dress)</p> <p>Severe and sustained difficulties with and/or obsession about individual routines and/or rituals</p> <p>High frequency use of verbal aggression (word, volume, tone) to respond to conflict</p> <p>Frequent physical aggression (hits, pinches, kicks, or threatens to)</p> <p>Frequently cajoles or intimidates others into participation in antisocial or inappropriate behaviours</p>
		<p>Examples of Supports</p> <p>Consistent and structured class routines</p> <p>Frequent staff intervention to manage behaviour</p> <p>Direct interventions required to prevent or stop class disruption</p> <p>Very explicit behaviour intervention techniques</p> <p>Specialized behavioural/counselling supports</p> <p>Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)</p> <p>Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)</p>	<p>Intensive individualized programming</p> <p>Use of planned physical restraint.</p> <p>Use of supervised time-out procedures (removal from classroom environment)</p> <p>Unique and highly structured behavioural programming</p> <p>All social situations require mediation</p> <p>Safety planning</p> <p>Ongoing psychiatric care</p> <p>Ongoing interagency involvement</p> <p>Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)</p>

DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION	A (MILD)	B (MODERATE)	C (COMPLEX)
<p style="text-align: center;">COMMUNICATION</p> <p>Receptive & Expressive Communication. Understanding and using spoken language as a tool for communication.</p> <ul style="list-style-type: none"> - 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 <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Speech-Language Pathology assessment - Argumentative Communication Specialist assessment - Behavioural Specialist Assessment - Adaptive Testing: <ul style="list-style-type: none"> o Vineland Adaptive Behavior Scales o Scales of Independent Behavior Revised SIB-R o Supports Intensity Scale (SIS) - Psycho-educational testing - Medical evaluation - Audiological evaluation - Visual evaluation - Other 	<p>Student exhibits <i>mild functional problems occasionally and intermittently</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> May need prompting/cueing to attend to conversations/class discussions <input type="checkbox"/> May ignore speaker/interrupts <input type="checkbox"/> May need to be spoken to more slowly <input type="checkbox"/> Some difficulty understanding verbal instructions <ul style="list-style-type: none"> - may need clarification/restatement <input type="checkbox"/> Some difficulty interpreting and responding to normal non-verbal behaviours and cues from others <input type="checkbox"/> Some difficulty with the appropriate use of non-verbal behaviours and cues from others <input type="checkbox"/> Can speak or communicate using alternative communication to express ideas, thoughts and needs <input type="checkbox"/> Some difficulty following multi-step instructions <input type="checkbox"/> May have difficulty communicating needs in most environments <input type="checkbox"/> Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs <input type="checkbox"/> Some difficulty adjusting language to varying social situations <input type="checkbox"/> Takes things literally <input type="checkbox"/> Tends to use fabrication and and/or embellishment 	<p style="text-align: center;">The student's level of functioning</p> <p>Student exhibits <i>moderate functional problems not necessarily in every setting or at all times</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs regular verbal and/or non-verbal cueing to attend to instructions and discussions <input type="checkbox"/> May also need simple gestures to enhance understanding of verbal communication <input type="checkbox"/> Has difficulty understanding instructions <input type="checkbox"/> Frequent difficulty interpreting and responding to normal non-verbal behaviours and cues from others <input type="checkbox"/> Frequent difficulty with the appropriate use of non-verbal behaviours and cues from others <input type="checkbox"/> Alternative or systematized methods of communication may be required <input type="checkbox"/> May need multi-step instructions broken down <input type="checkbox"/> Misunderstands complex sentences, language (e.g. humour, metaphor, simile, inference) <input type="checkbox"/> Difficulty following topic, watching speaker <input type="checkbox"/> Occasionally ignores people speaking to him/her <input type="checkbox"/> Occasionally has difficulty communicating needs in most environments <input type="checkbox"/> Language may be simple but has difficulty communicating needs 	<p>Student exhibits <i>significant functional problems occur across multiple settings</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Constant verbal and/or non-verbal cueing to attend to instructions and discussions <input type="checkbox"/> Concrete visual supports may be also be needed (e.g., pic symbols, pictures, gestural signs) <input type="checkbox"/> Communicates basic needs and wants only with supports and prompts – includes absence of spoken language <input type="checkbox"/> May become socially withdrawn and/or becomes agitated or aggressive when not easily understood <input type="checkbox"/> Tacitly defensive <input type="checkbox"/> Frequently ignores people speaking to him/her <input type="checkbox"/> Requires assistance or is dependent on assistance in understanding instructions <input type="checkbox"/> Frequently has difficulty communicating needs in most environments <input type="checkbox"/> Cannot communicate needs. Verbalizations may be highly stereotyped, echolalic, perseverative
	<p>Examples of Supports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use of verbal/nonverbal cues to gain attention <input type="checkbox"/> Some simplification of verbal instructions <input type="checkbox"/> Monitoring understanding/compliance to instructions <input type="checkbox"/> SLP consultation/support <input type="checkbox"/> Preferential seating <input type="checkbox"/> Use of peer coach/buddy system <input type="checkbox"/> Some case management 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management <input type="checkbox"/> Instructional prompts, cues and signs <input type="checkbox"/> Structured facilitated conversations <input type="checkbox"/> Use of alternate forms of communication (visual cues, signs, pictograms, etc.) <input type="checkbox"/> Verbal communication may need to be simplified (ie. presented in stages, delivered at a slower pace) 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Constant, direct, structured supports <input type="checkbox"/> Systematized communications strategies <input type="checkbox"/> Extensive individualized support <input type="checkbox"/> Safety planning

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	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		
<p>Independence to access the larger social community. Ability to meet and respond to demands of daily life. Exercising appropriate choices.</p> <ul style="list-style-type: none"> - 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 <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Vineland Adaptive Behavior Scales - Scales of Independent Behavior Revised SIB-R - Supports Intensity Scale (SIS) - Other 	SELF DETERMINATION/INDEPENDENCE								
	The student's level of functioning								
Examples of Supports									

ACADEMIC/INTELLECTUAL FUNCTIONING	DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION			The student's level of functioning		
	A (MILD)	B (MODERATE)	C (COMPLEX)	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
<p>Includes academics (reading, writing, spelling, mathematics, etc.). Thinking, reasoning skills and problem solving. Ability to generalize learning.</p> <ul style="list-style-type: none"> - 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 <p>POSSIBLE SOURCES OF INFORMATION</p> <ul style="list-style-type: none"> - File review - Level B academic assessment - Level C psycho-educational Assessment - Test of Nonverbal Intelligence-2 - Curriculum-Based Assessment - Other 	<p>Student exhibits mild functional problems occasionally and intermittently</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiences difficulty with the curriculum <input type="checkbox"/> Difficulty acquiring new information, making connections and generalizing <input type="checkbox"/> Minor difficulties attending to instruction and learning activities <input type="checkbox"/> Struggles to regularly complete tasks and assignments <input type="checkbox"/> May avoid learning; requires additional encouragement to engage <input type="checkbox"/> Minor difficulties with multi-step or complex tasks <input type="checkbox"/> Skills/abilities appear evenly developed across all academic subject areas <input type="checkbox"/> Mild difficulty with problem-solving, especially when dealing with abstractions <input type="checkbox"/> Inconsistent use of learning strategies <input type="checkbox"/> Minor difficulty generalizing <input type="checkbox"/> Some difficulty with short and/or long term memory 	<p>Student exhibits moderate functional problems not necessarily in every setting or at all times</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student needs adaptations to the curriculum <input type="checkbox"/> Moderate difficulties attending to instruction and learning activities <input type="checkbox"/> Frequent problems learning new material and making connections to prior learning <input type="checkbox"/> Often fails to complete tasks and assignments <input type="checkbox"/> Moderate difficulty with multi-step complex tasks <input type="checkbox"/> Some subject areas may be adapted, other areas may be modified <input type="checkbox"/> Has few learning strategies <input type="checkbox"/> Academic needs require moderate educational support <input type="checkbox"/> Moderate difficulty with problem solving especially when dealing with abstractions <input type="checkbox"/> Moderate difficulty generalizing <input type="checkbox"/> Moderate difficulty with short and/or long term memory 	<p>Significant functional problems occur across multiple settings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student needs a modified curriculum <input type="checkbox"/> Significant skills gaps due to inconsistencies in attendance <input type="checkbox"/> Extreme problems learning new material <input type="checkbox"/> Rarely completes tasks and assignments <input type="checkbox"/> Extreme difficulties attending to instruction and learning activities <input type="checkbox"/> Great difficulty acquiring and generalizing new information <input type="checkbox"/> Significant discrepancies between academic subject areas <input type="checkbox"/> Significant lack of learning strategies <input type="checkbox"/> Not engaged in learning process (e.g. may be a non-attender) <input type="checkbox"/> Significant difficulty with multi-step or complex tasks <input type="checkbox"/> Academic needs require extensive educational support <input type="checkbox"/> Has significant difficulty with problem solving especially when dealing with abstractions <input type="checkbox"/> Significant difficulty generalizing <input type="checkbox"/> Significant difficulty with short and/or long term memory 	<p>Examples of Supports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Integrated case management required <input type="checkbox"/> Significant modification of learning expectations <input type="checkbox"/> Use of modified/adapted curriculum <input type="checkbox"/> Structured feedback to give maximum praise/reinforcement for progress on individualized program <input type="checkbox"/> High levels of practice and repetition (mastery learning) of functional curriculum 	<ul style="list-style-type: none"> <input type="checkbox"/> Extensive integrated case management <input type="checkbox"/> Functional life-skills curriculum <input type="checkbox"/> Skill development for independent living <input type="checkbox"/> Individualization of learning outcomes, goals and objectives <input type="checkbox"/> Adaptations and modifications are complex and highly individualized 	