

PRE-BIC MEETING REVIEW FORM
Reformatted 08.2018

BIC REVIEWER'S NAME (PRINT): _____ **DATE REVIEWED:** _____

Participant Name: _____

BSP Author: _____ **DATE OF BSP:** _____

Criteria for an Effective Behavior Intervention Plan

Check Applicable

- ___ 1) The BSP contains the name and signature of the Behavior Specialist who developed the plan?
- ___ 2) Are demographics of the Participant present? (at least type of living situation, legal status).
- ___ 3) Are the diagnosis and medical conditions relevant to the target behaviors listed?
- ___ 4) Are the target behaviors listed and operationally defined and assessed in the Functional Analysis?
- ___ 5) Do the target behaviors identify problem situations and provide pre-cursors and antecedents?
- ___ 6) Does the BSP assist the Participant to learn and use replacement behaviors?
- ___ 7) Does the BSP include the provision of training to all staff/family providers concerning plan implementation?
- ___ 8) Does the BSP indicate implementation by all staff/family providers in all relevant environments and activities?
- ___ 9) The intervention techniques and strategies appear to have the potential to be effective in helping the Participant and the staff and they are clearly defined and explained?
- ___ 10) Is the BSP designed to equip the Participant to communicate his/her needs and to participate in age-appropriate activities?
- ___ 11) Does the BSP include well designed behavior interventions ranging from the least to the most restrictive?
- ___ 12) Does the BSP design seem to include the "least restrictive interventions" necessary?
- ___ 13) Does the BSP reflect the use of overall positive approaches?
- ___ 14) The BSP does NOT include the use of prone or supine restraints, corporal punishment, seclusion, verbal abuse, any procedure which denies private communications, requisite sleep, shelter, bedding, food, drink or use of bathroom facility?
- ___ 15) Does the BSP include monitoring the Participant's progress through observation, staff consultation and data collection?
- ___ 16) The BSP is of overall high quality and thoroughness?
- ___ 17) A "Summary" written by the behavior specialist includes all the required Summary components? (plan effectiveness and how assessed, changes to plan and reasons for change, new behaviors (updated FA) and statement of team approval?
- ___ 18) The BSP makes no reference to the Participants CPP, Participant Summary or other agency intervention plans?

Reviewer's Conclusions (check one)

- ___ **NO CONCERNS** **This plan DOES meet all criteria as reviewed by this BIC committee member**
___ **YES CONCERNS** **This plan DOES NOT meet all criteria. List unmet criteria below**

LIST UNMET CRITERIA (BY NUMBER) and/or CONCERNS AND RECOMMENDATIONS BELOW (use back if needed)

Reviewer's Signature _____ **Date:** _____