



## Behavior Intervention Plan Review Tool

First and last name of Behavior Analyst who authored document(s):			
First and last name of the Supervising Behavior Analyst completing review:			
Date review completed			
Category of document:		Initial	Update
Type of review(s) being completed (indicate with "X"):		Initial Behavior Intervention Plan	Reassessment
First and last name of Client:			
<p>Directions: The items required for each type of document are listed below in the column titled "Requirement". Complete the review by referring to the document submitted for review and provide a score of "1" for that item if it is present, a "0" if it is not present, or "NA" if it does not pertain to the document being reviewed. See the section titled "Score" at the end of this document for scoring directions.</p>			
Item	<u>Requirement</u>	Compliance Rating  1=yes 0=no	<u>Comments</u>
	Reference: Williams, D. E., Vollmer, T. (2015). Essential components of written behavior treatment plans. <i>Research in Developmental Disabilities</i> . 36. 323 – 327.	BIP/RA	
1	The client's first and last name is stated.		
2	The client's date of birth is provided.		
3	The client's address and at least one phone number is stated.		
4	The first and last name of the client's parent is stated.		
5	The client's funding source is stated.		
6	The name of the referring provider [PCM] is stated.		
7	The name and credentials of the Behavior Analyst are stated.		
8	The Behavior Analyst's phone number, email address, and fax are provided.		
9	The date and time the Initial BIP/RA was completed is provided.		

Item	Requirement	BIP/RA	Comments
10	The date and time the BIP/RA was completed is stated.		
11	The reassessment is dated as being conducted within the six-month reassessment period.		
12	The target behavior(s) to be reduced is defined in observable and measurable terms.		
13	The replacement behavior is defined in observable and measurable terms.		
14	The results of Functional Behavior Assessment or Functional Analysis and Preference Assessment are adequately summarized.		
15	Method for data collection is described.		
16	Method for data collection is appropriate.		
17	Treatment times and locations are specified for replacement behaviors.		
18	A functional reinforcer for each replacement behavior is specified.		
19	Reinforcement schedule – if not continuous – is specified.		
20	Reinforcement schedule is appropriate.		
21	Generalization and maintenance strategies are specified.		
22	Consequences for occurrence of target behavior behaviors specified.		
23	Extinction procedures for target behaviors are specified.		
24	If restrictive procedures are used (e.g., restraint: emergency or planned; response cost), there is an objective to determine when restrictive intervention would be faded and eliminated.		
25	Criteria for determining when a behavior plan would be revised (e.g., at least a 50% reduction is 90 days) are specified.		
26	Treatment integrity is specified as to frequency of monitoring.		
27	Reliability checks are specified.		
28	The Behavior Intervention Plan contains the signature of the Behavior Analyst as well as the date it was completed.		

		Score	
Score	(A) Write the total number of rows that contained a score of "1"		
	(B) Write the total number of rows that contained a score of either "1" or "0"		
	(C) Divide the number in (A) by number in (B). Change this number into a percentage by moving the decimal point two places to the right. Passing Criterion is 100%		

Findings	Name of Document Reviewed	Results of Review
		<input type="checkbox"/> Met passing criterion <input type="checkbox"/> Did not meet passing criterion <input type="checkbox"/> Requires no revisions <input type="checkbox"/> Requires additional revisions stated below:
Remarks		