Washington State Department of Social & Health Services
DDA Developmental Disabilities Administration

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Provider Progress Report of Behavior Support and Staff / Family Training and Consultation Services

CLIENT NAME	DDA ID
REPORT SUBMITTED BY	DATE

Summary of Behavior Specialist Visits and Other Involvement

List dates and time involved in work provided on behalf of client and family. Include consultation, training, paperwork, data analysis, amended Functional Behavioral Assessment (FA) and/or Positive Behavior Support Plan (PBSP), team meeting, other support services (describe). Others involved include child, parent/guardian, other family, behavior technician(s), teacher, respite provider, other support provider.

DATE	TIME	DESCRIPTION OF WORK	OTHERS INVOLVED

Summary of Behavior Technician Visits and Other Involvement

Complete as above, if provider is an agency providing both services. Include direct care time, training, team meeting, other.

DATE	TIME	DESCRIPTION OF WORK	OTHERS INVOLVED

Status of Current PBSP

DATE OF CURRENT PBSP	DATE CURRENT PBSP IMPLEMENTED	Has the PBSP been updated since the last report? ☐ Yes ☐ No

If yes, what were the changes? (check all that apply)

☐ Add goals ☐ Remove goals ☐ Change intervention strategy ☐ Other:

Data Tracking

DATA FOR PERIOD BEGINNING ENDING	Attach data tracking sheets to this report and/or insert a graph of the data below.

Target Behavior 1	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Target Behavior 2	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Target Behavior 3	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Positive Behavior Support Plan

Are there new behaviors emerging that are not on the PBSP? ☐ Yes ☐ No

If yes, new behavior description:

New Behavior	CURRENT FREQUENCY (Number of incidents per day/week/month)	INTENSITY (Very low, low, moderate, high, very high)	DURATION (Average number of minutes per incident)

Was the PBSP amended to address this new behavior? ☐ Yes ☐ No

If yes, new goal:

Proposed PBSP strategies:

Attach amended PBSP to this report.

If no, state reason for not amending plan at this time.

Overall, is progress being made on the goals in the PBSP? ☐ Yes ☐ Minimal ☐ No

If minimal or no, what are the barriers to progress on the goals?

Do you recommend amending the PBSP? ☐ Yes ☐ No

If yes, why do you recommend amending the PBSP?

Target Skills

Target Skill 1	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINLE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Target Skill 2	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINLE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Target Skill 3	BASELINE FREQUENCY (number of incidents per day/week/ month)	CURRENT FREQUENCY (Number of incidents per day/week/month)	BASELINLE DURATION (Average number of minutes per occurrence)	CURRENT DURATION (Average number of minutes per occurrence)

Goal:

Current PBSP Strategies:

Summary of Progress: (Not yet implemented, decline, no change, less progress than anticipated, progress as anticipated, progress exceeds expectations, goal met)

Significant Behavioral Incidents

Provide details about each behavioral incident in the past month. (If more than 3, select the 3 most significant incidents)

Incident #1 Describe incident:

Please indicate any injuries that resulted from the behavior.

	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA-PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical contact but no visible marks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Red mark that disappeared within a few hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise lasting more than a few hours but not requiring First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Injury requiring more than basic First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did this incident involve property damage? ☐ Yes, extensive (more than $100) ☐ Yes, minor (Less than $100) ☐ No

Where did this incident occur? ☐ Home ☐ School ☐ Community

How long did the incident last? ☐ Less than 1 minute ☐ 1 – 15 minutes ☐ 16 – 30 minutes ☐ 30 minutes to 1 hour ☐ More than 1 hour

Who was in charge of supervising the child at the time of the incident? (check all that apply) ☐ Parent/guardian ☐ Other household member

☐ Other family ☐ Friend or other unpaid person ☐ Hired provider ☐ Teacher ☐ Aide or paraprofessional ☐ Other school staff

Did this person respond to the behavior according to the PBSP? ☐ Yes ☐ Partially ☐ No

If partially or no, were restrictive procedures used by a DDD service provider? ☐ Yes ☐ No

What prevented this person from responding to the behavior according to the PBSP?

Was the child responsive to the intervention used? ☐ Very much so ☐ Somewhat ☐ No impact ☐ Got worse

Additional Comments:

Incident #2 Describe incident:

Please indicate any injuries that resulted from the behavior.

	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA-PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical contact but no visible marks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Red mark that disappeared within a few hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise lasting more than a few hours but not requiring First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Injury requiring more than basic First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did this incident involve property damage? ☐ Yes, extensive (more than $100) ☐ Yes, minor (Less than $100) ☐ No

Where did this incident occur? ☐ Home ☐ School ☐ Community

How long did the incident last? ☐ Less than 1 minute ☐ 1 – 15 minutes ☐ 16 – 30 minutes ☐ 30 minutes to 1 hour ☐ More than 1 hour

Who was in charge of supervising the child at the time of the incident? (check all that apply) ☐ Parent/guardian ☐ Other household member

☐ Other family ☐ Friend or other unpaid person ☐ Hired provider ☐ Teacher ☐ Aide or paraprofessional ☐ Other school staff

Did this person respond to the behavior according to the PBSP? ☐ Yes ☐ Partially ☐ No

If partially or no, were restrictive procedures used by a DDD service provider? ☐ Yes ☐ No

What prevented this person from responding to the behavior according to the PBSP?

Was the child responsive to the intervention used? ☐ Very much so ☐ Somewhat ☐ No impact ☐ Got worse

Additional Comments:

Incident #3 Describe incident:

Please indicate any injuries that resulted from the behavior.

	SELF	PARENT/ GUARDIAN	SIBLING	OTHER HOUSEHOLD MEMBER	OTHER FRIEND/ FAMILY	STRANGER	ANIMAL	TEACHER	AIDE OR PARA-PROFESSIONAL	OTHER ADULT	OTHER STUDENT
No injury but threatened or intimidated	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical contact but no visible marks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Red mark that disappeared within a few hours	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise lasting more than a few hours but not requiring First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut or bruise requiring basic First Aid (band aid, ice pack, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Injury requiring more than basic First Aid	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Did this incident involve property damage? ☐ Yes, extensive (more than $100) ☐ Yes, minor (Less than $100) ☐ No

Where did this incident occur? ☐ Home ☐ School ☐ Community

How long did the incident last? ☐ Less than 1 minute ☐ 1 – 15 minutes ☐ 16 – 30 minutes ☐ 30 minutes to 1 hour ☐ More than 1 hour

Who was in charge of supervising the child at the time of the incident? (check all that apply) ☐ Parent/guardian ☐ Other household member

☐ Other family ☐ Friend or other unpaid person ☐ Hired provider ☐ Teacher ☐ Aide or paraprofessional ☐ Other school staff

Did this person respond to the behavior according to the PBSP? ☐ Yes ☐ Partially ☐ No

If partially or no, were restrictive procedures used by a DDD service provider? ☐ Yes ☐ No

What prevented this person from responding to the behavior according to the PBSP?

Was the child responsive to the intervention used? ☐ Very much so ☐ Somewhat ☐ No impact ☐ Got worse

Additional Comments:

Summary of Antecedent, Behavior, Consequence (ABC) Incident Analysis

Description of incident:

OBSERVER

☐ Parent/guardian ☐ Family member ☐ Teacher ☐ Provider ☐ Other adult:

PARTICIPANTS IN THE ANALYSIS

DATE/TIME	ACTIVITY	ANTECEDENT	BEHAVIOR	CONSEQUENCE	COMMENTS

Medications

Does the child take medications to improve mental health or behavior? (Include supplements and other remedies)

☐ Yes ☐ No

CURRENT MEDICATION	PURPOSE	DOSAGE	CHECK IF CHANGED
			☐
			☐
			☐

Is a child psychiatrist involved? ☐ Yes: Prescriber ☐ Yes: Consultation Basis ☐ No

Are medications working as intended? ☐ Yes ☐ No ☐ Unable to Determine

Have medications changed since the last report? ☐ Yes ☐ No

If yes, describe reason for the change and what the change is intended to accomplish:

Do you recommend a medication review? ☐ Yes ☐ No

Since the last report, how many times was behavior medication given as a PRN (as needed)? _____ times

Have there been any significant illnesses since the last report? ☐ Yes ☐ No

If yes, describe illness and effect: