

Perry County Board of DD
BEHAVIOR SUPPORT ASSESSMENT

BSS 112

Person: _____ Date: _____

Must be completed by person with BA & 3 yrs experience with developing or implementing behavior support or risk reduction strategies, a certified behavior analyst, or person licensed by Psychology, Medical or Social Work/Counselor Board.

What is the behavior that poses a risk or likely risk of harm?
What level of harm or type of legal sanction could occur without intervention?
<u>When</u> is the behavior likely to occur?
<u>Where</u> is the behavior likely to occur?
What happens prior to the behavior?
What are the positive interventions that have been tried?

How may the following factors be contributing to the individual's behavior?
<i>Interpersonal relationships:</i>
<i>Communication barriers:</i>
<i>Environmental:</i>
<i>Physical Health, medical issues (current & historical)</i>
<i>Medication side effects:</i>
<i>Mental Health & Emotional needs:</i>
<i>Motivational factors:</i>

What are any negative outcomes from the behavior? (such as arrest, injury to self or others)

PHYSICAL & EMOTIONAL WELL BEING

<u>Important to the individual</u>	<u>Important for the individual</u>
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ASSESSMENT TOOLS

WHAT TRAUMA & OR SIGNIFICANT EVENTS HAVE OCCURRED? (Give timeline over past couple yrs)
DATE:

WHAT ARE IMPORTANT RITUALS OR ROUTINES:

WHAT IS WORKING?	WHAT IS NOT WORKING?
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WHAT IS A GOOD DAY?	WHAT IS A BAD DAY?
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2 MINUTE DRILL – Ask people who know the person well

What is the most important thing I should know about the person?

What should I know & could I do, to make it a meaningful, safe & enjoyable day for the person?

*****FADING PLAN*****

If the last documented risk of harm is greater than 12 months ago, is there a need for a new risk assessment?
EXPLAIN:

Describe the plan to reduce or eliminate any restrictive measures in the future and give dates:

COLLECT DATA THROUGH

1. INTERVIEWS & CONVERSATIONS
2. RECORD REVIEWS – Historical & Current (UI's, ISP, Medical – rule out medical issues, etc.)
3. OBSERVATION & RECORDING –What do they like? How do they handle crowds? Any sensory sensitivities? Observe in multiple settings that are part of their routines. Consider what other factors could be contributing to what you're seeing.

Signature of Assessor

Date

Behavior Support Assessment – Observation Notes