Standard 6
Behavior

Standard 6 requires the student:

A. Understand the concept of Positive Behavioral Supports (PBS).

B. Be familiar with different methods of gathering information (e.g. functional assessment).

C. Understand the components of a positive behavioral support plan.

Key Terms for Standard 6

Antecedent: People, places, things, or activities that predict a behavior will or will not occur.

Functional Assessment: A process for gathering information that can be used to maximize the effectiveness and efficiency of behavioral support.

A. Understand the concept and use of Positive Behavioral Supports (PBS).

Rules Governing Developmental Disabilities Agencies

According to these rules, each DDA is required to develop and implement written policies and procedures that address the development of positive social behaviors and the management of inappropriate behaviors in individuals with developmental disabilities.

Two of these ten policies include:

1) **Positive social skills** – focusing on increasing positive social skills.
2) **Positive approaches/least restrictive alternatives** – ensuring and documenting the use of positive approaches and the least restrictive alternatives.

IDEA Rules

Under IDEA schools are required to address behavior issues using a positive behavioral support process. It is the responsibility of a child's IEP team to be knowledgeable about how to conduct a functional assessment and develop a positive behavioral support plan. The plan becomes part of the child's IEP and must address positive intervention strategies and supports that address the behavior and meet the needs of the child (Idaho Special Education Manual, 2001).

The following section will focus on the kinds of strategies that can be used to increase positive social skills for children with developmental disabilities.

In the past, challenging behaviors have been dealt with in a variety of ways. Aversive methods such as spraying a child in the face with water or lemon mist have been used as a consequence for some behaviors. More often than not, these kinds of behavior management procedures have not considered the variables; the **things that actually maintain target behaviors**, as a part of an intervention plan.

It is also important to note that these kinds of methods can also generate their own problems and:

1) inadvertently reinforce unwanted behaviors
2) reduce opportunities for the child to participate in instructional programs
3) create a negative image of the child to other peers and adults
4) deny the child the opportunity to communicate effectively, and
5) deny the child the opportunity to make choices

The focus of an intervention may have been to teach the child what **not to do** rather than how to achieve a desired outcome in a more socially appropriate manner.

In recent years, there has been a shift from traditional methods that are designed to suppress challenging behaviors to an approach that promotes the development of functional, adaptive behaviors. **Positive Behavioral Supports (PBS)** approach "emphasizes the use of a collaborative problem-solving process to develop individualized interventions that stress prevention of problem behaviors through the provision of effective educational programming" (Janney & Snell, 2000, p.2).

This kind of approach uses the simultaneous manipulation of multiple variables in designing an intervention plan. It may be the movement of a child to a more personal, less segregated setting, ignoring minor inappropriate behaviors, and allowing the child to make more choices throughout the day.

PBS focuses on the lifestyle of a child, in addition to the frequency, duration and intensity of a behavior. The strategies involved are respectful of the child and should not cause pain or emotional distress. The emphasis is on **creating a caring and trusting relationship with a child**. The approach does not try to "control" a child but rather teach the child to communicate and interact with other people. It is the intent of using positive behavior supports that there will be generalized changes in the way a child behaves which, in turn, should affect social interactions, access to community settings and an increase in preferred activities (Horner, Dunlap et.al., 1990).

There are three basic components to using positive behavioral supports:

1) **Prevent** challenging behaviors,

2) **Teach** the child new behaviors to meet his or her needs, and

3) **React** in productive ways when a behavior does occur.

Prevention strategies are designed to reduce the frequency and intensity of target behaviors. They should create fewer opportunities for the child to engage in, and be reinforced for, a behavior. The things in the environment (stimuli) that have previously triggered a behavior should be arranged to produce desired behaviors. As a result of preventing behaviors, staff should have more time and energy to interact with the child in a positive way.

Teaching a child new behaviors that are effective alternatives to the challenging behavior is the next critical component. **All behaviors have a function**. A child with a challenging behavior needs to be taught an alternative to the undesirable behavior, but one that achieves the same outcome for the child.

It is unrealistic to think that all target behaviors can be totally and immediately eliminated from a child's repertoire. Therefore, a DS must have a plan on how to react if a behavior occurs. The

reaction should let the child know that the behavior is unacceptable and that there is an alternate way for the child to obtain the desired outcome.

B. Be familiar with different methods of gathering information (e.g., functional assessment strategies).

One of the most important steps in working with a child who has a challenging behavior is to identify the **function** of the behavior. Does Kevin's stereotypic behavior serve a self-regulatory function or is he trying to escape from a specific task? Does Jane's screaming mean she is thirsty, does she need help, or is it a combination of reasons? Interventions will differ depending upon the function of the behaviors.

A **functional assessment** is a process of "understanding the physiological and environmental factors that contribute to a person's problem behaviors" (O'Neill, Horner et al., 1997, p.2). There are multiple ways to conduct a functional assessment. Practitioners who use an A-B-C (Antecedent-Behavior-Consequence) chart are conducting one form of a functional assessment. A person who has seen a problem behavior and concluded that: "he does that because..." has developed a summary statement about the function of the behavior. A functional assessment goes a step beyond the typical A-B-C approach to use the information to manipulate variables in the environment as a way to decrease a behavior. This kind of approach is not about control or creating compliance in the child but rather using the information to assist the child in communicating and interacting in a more socially appropriate way.

There are various methods for conducting a functional assessment: direct observation, interviews/questionnaires, and functional analysis. When the data is collected the child's team can use the information to predict the conditions under which a challenging behavior(s) will occur, develop a theory as to the function of the behavior(s), and subsequently develop a behavioral support plan.

Conduct a functional assessment observation

Observation has been a typical means of collecting information about challenging behavior. A DS, teacher, family member, or other people who work and live with the child can conduct observations. It is recommended that 10-15 observations (O'Neill, Horner et.al., 1997) be gathered over time. An observation should be conducted as part of a child's normal routine. It is only by gathering multiple observations that a pattern can be determined that allows the child's team to form a theory on the function of the behavior.

The following steps can be used to conduct an observation.

a) **Clearly describe the problem behavior(s).**

It is important to clearly describe a behavior, "Jeff bites himself on his right forearm" rather than use general labels, "Jeff hurts himself." A general statement "tells us more about how we feel about the behavior than the behavior itself" (Janney & Snell, p.253). A specific description is also needed to collect data on the frequency, duration and intensity of the behavior. It is also helpful to specifically describe a behavior so that all team members recognize the behavior and can react in a consistent manner.

b) **Identify the times, events, people, situations that can predict when the behavior <u>will</u> and <u>will not</u> occur.**

An **antecedent** is something that precedes a behavior (e.g., the teacher places a demand on a child, or the behavior tends to occur more when the child is left alone than when she is interacting with an adult or another child). There are many environmental or physiological things that can trigger a behavior. These factors may include demands or requests, transitions, being left alone, a difficult task, medications or a child's medical condition (e.g., allergies), diet, lighting in a room, temperature, noise level, the child's sleep cycle, interruptions in a consistent routine, new people, transitions, or activities that are boring and meaningless to the child.

Oftentimes people will only attend to the times that a behavior is occurring when, in fact, some of the most valuable information can be collected when a child is not engaged in a behavior. A good observer will note what the child is doing or not doing? Who is with the child? What time of day is it?

There are also situations, called **setting events** that are beyond the developmental specialist's control. Setting events are biological, social, or physical incidents or circumstances that happen **before** a specific antecedent will actually trigger a problem behavior (e.g., a child may not get enough sleep or have breakfast which serves as a setting event for a specific antecedent- child becomes especially upset and begins to scream, cry and hit themselves in the face when asked to share a toy).

c) **Identify the consequences that maintain the behavior, what function it serves for the child.**

It is important to understand, not only the antecedent to a behavior (e.g., the child hits the teacher) but what is the **consequence** of the behavior (e.g., child is put in time-out as a punishment for hitting).

The function of the behavior (hitting) may be to "escape/avoid" the teacher's demand. Behaviors usually fall into one of the following categories:

1) **to get or obtain** something tangible
2) **to escape or avoid** something or someone
3) **to get attention**
4) **to self-regulate**
5) **to play** (O'Neill, Horner et.al, 1997).

Developing a theory about the function of a behavior(s) is one of the most important steps in developing a positive behavioral support plan. It is also a difficult step. In some cases, it is quite clear as to the purpose of a behavior. In other cases, it is not as easy. A child may engage in a particular behavior because it is **efficient** requires less effort, and produces quick result. For example, screaming and biting require less effort than using a communication board. These kinds of behaviors also get a quick response from other people.

Oftentimes a child will have a challenging behavior which serves multiple functions (e.g., on one occasion hitting means the child wants to avoid an activity, and on another occasion the function of the behavior is to get attention).

1) What kind of alternate behaviors does the child already know how to do?

As an intervention plan is developed it is important to know what other kinds of behaviors a child has in his or her repertoire that can be reinforced. For example, does the child sometimes ask for help or for a break in an appropriate way (e.g., speaking, gesturing, signing)? Having this information will help you decide if you want to teach a new behavior, or prompt and reinforce a behavior the child already has.

2) What are primary ways the child uses to communicate?

In thinking about alternative behaviors, communication is the most important factor to consider for children with challenging behaviors. It is critical that people who work with a child with a behavior problem understand how they communicate. How does Mary let you know that she likes something? How does she let you know that she doesn't like something? What are her different responses?

3) What kinds of items, activities, or people are reinforcing to the child?

Identifying positive reinforcers is critical to creating a successful behavioral plan. Part of conducting a functional assessment is to ask the child (if possible), family members, and peers what kinds of things the child likes (objects, activities, people, places). For some children just being left alone is a positive reinforcer. It is also important to observe the child and notice the **features of the things that appear to be reinforcing** (e.g., things that spin, move) and interesting.

d) **Develop one or more summary statements that describe the behavior(s), the situations in which they occur, and the reinforcers that maintain the behavior.**

"When Jeff is asked to stop playing with the ball he will fall to the floor and scream to try to continue to be allowed to play with the item."

"When Julie is asked to dress herself or participate in other nonpreferred self-care routines, she will hit her careprovider to escape the task."

"When Henry is scratching his arm and he is asked to stop he will scream in order to continue scratching."

e) **Collect direct observation data that support the summary statements.**

It is also important to keep data on any challenging behavior. Completing a functional assessment observation form will be helpful in collecting information about when a behavior occurs, what the antecedents or predictors might be, the perceived function of the behavior, and the actual consequence. This kind of data source can assist in creating a hypothesis and a subsequent intervention support plan.

The information gathered from a functional assessment should assist a child's team in building effective and efficient behavioral support for a child.

Interviews and Questionnaires

Using interviews is another effective way of gathering information about a child. An interview can be conducted with the child (if possible) and/or with people who have direct contact and knowledge about the child (e.g., parents, siblings, caregivers). Questions should be asked that look at behavior within the **context** of the child's established routines at home, school or in the community. What is it about these routines that are associated with increases or decreases in a behavior? One of the goals of this kind of interview is to understand the features of the antecedents and consequences associated with the problem behavior (e.g., Jane is not a screamer; rather when Jane's routine is changed she screams). "If we consider problem behaviors as occurring in people, it is logical to try to change the people. If we consider problem behaviors as occurring in context, it becomes logical to change the context. Behavior change occurs by changing environments, not trying to change people" (O'Neill, Horner et. al, 1997. p.5).

Another valuable form of interviewing is conducting a MAPS session for a child. **MAPS** (Vandercook et al., 1989) is one of several person-centered or lifestyle planning (O'Brien, 1987) methods for people with disabilities. MAPS is typically used with children, and personal futures planning (Mount & Zwernik, 1988) is usually used with adults. These kinds of planning methods share common features in that they focus on an individual's strengths and abilities. The MAPS process can be used to plan a child's educational program. People who know a child the best

(e.g., family members, friends, teachers, neighbors) are invited to answer a series of questions. A MAPS session can be facilitated by anyone who is familiar with the process.

There are foundational questions including:

1) What is the child's history?
2) What is your dream for the child?
3) What is your nightmare for the child?
4) Who is the child?
5) What are the child's strengths, gifts, and abilities?
6) What are the child's needs?
7) What would the child's ideal day at school look like and what must be done to make it happen?

MAPS is a flexible process and therefore different kinds of maps can be added that can assist a team in, not only developing an educational plan, but a behavioral support plan. Including a "communication map," a "likes and dislikes map," a "health map", or a "sensory processing map" can be very helpful in gathering critical information about a child. The information from a communication map may be included in a **communication dictionary** (Demchack & Greenfield, 2003) which can assure that people working with a child are consistent in their responses to a child's atypical communication system (e.g., gestures, vocalizations).

Another critical piece of information whether done in a mapping session or through multiple interviews is to find out what a child likes and does not like. Not only can this process assist in finding **positive reinforcers** (preferred items, activities or people) for a child, but it will also help in discovering what things might predict a problem behavior. For example, Kim does not like loud noises. She gets very upset and hits herself in the face. Her team came up with a list of all the different kinds of noises that were upsetting to Kim. They decided that some of the sounds were predictable (e.g. monthly fire drill) while others were not (e.g. lawn being mowed). They developed strategies to help Kim prepare for a loud sound as well as taught her to cover her ears, instead of hitting herself, when there was an unexpected noise that bothered her. This kind of approach can help a team develop a behavioral support plan for a child that is sensitive to a child's preferences.

It is always important to find out if a child is taking **medication**. Medications can have a variety of side effects. Individuals working with children with developmental disabilities should always consider the medical or physical conditions that may be influencing problems behaviors. Different kinds of "hidden" conditions including allergies, sinus or middle ear infections, premenstrual and menstrual cycle effects, urinary tract infections, toothaches, and chronic constipation can trigger a behavior.

Finally, it is important to remember that every person has **unique sensory needs**. Typically developing children will get the kind and amount of sensory input they need to organize their nervous system and maintain a level of alertness that allows them to learn and interact with their environment. Children with developmental disabilities oftentimes have damage to their central nervous system that causes them to have trouble regulating their system and processing sensory input.

When assessing a problem behavior it is critical to think about how a child is processing sensory input. Are they overly sensitive to tactile input? Do they need more frequent input so they can organize their system? When the child hits their head what are they really saying? How does the child alert themselves or calm themselves when under duress? All of these questions need to be thought through when assessing challenging behavior in a child.

These same kinds of questions can be formed into a questionnaire that can be distributed to various family members and people who are familiar with the child.

Testing a Theory

If a team does not understand the purpose of a behavior, it may be necessary to test a theory. Testing a theory requires that someone observe the child under different conditions to determine the function of the behavior. Whoever conducts this observation may need to make simple adjustments to activities that will help them be more accurate in developing a theory as to the purpose of the behavior. For example, if your theory that the function of a child's screaming is to get attention, observe the child when they do and do not receive attention for yelling. It is usually necessary to conduct this kind of test several times to make sure that the variables (in this case the teacher's attention) is really influencing the behavior (Janney & Snell, 2000).

C. Understand the components of a positive behavioral support plan.

A behavioral support plan should have various components that include strategies to:

1) **Prevent** behavior problems for occurring;

2) **Teach** alternative behavior; and

3) **Respond** to a problem behavior when it occurs in ways that do not reinforce the problem behavior.

It is important to remember that implementing these strategies is a process and takes time. Adults need to take the time to establish a trusting relationship with a child. Children develop problem behaviors because there has been a need to do so. It will take time to replace problem behaviors with more socially appropriate behaviors.

A behavioral plan should therefore consider the following:

a) **How the people that interact with the child will change and not just focus on how the child should change.** This may include changes in a physical setting, changes in schedule, medications, reinforcers, and reaction to a problem behavior.

b) **The plan should be based on the information collected in the functional assessment.** The functional assessment data should give a DS information on the changes that are needed in a home, classroom or other environments that will change the patterns of a problem behavior.

c) **The plan should be a good fit with the values, resources, and skills of the people responsible for implementation.**

d) **It should be "technically sound"** – that is, consistent with the principles and laws of human behavior (O'Neill, Horner et. al., 1997. p.65).

Preventing Behavior Problems

Preventing challenging behavior involves **changing the antecedents** – who, what, when, and where as well as the setting ofevents that predict the behavior. Some strategies may be permanent (e.g., changing a chair that is uncomfortable, eliminating unnecessary or meaningless activities) and other strategies may be implemented on a temporary basis (e.g., temporarily avoiding a situation until the child is taught certain coping skills). The results of a functional assessment should indicate the conditions under which a behavior seldom or never occurs. Making sure that those conditions are present in the student's environment is one way to reduce a challenging behavior.

For example, Jamie pokes his eyes when left alone without anything to do. Through observations it was noted that he rarely or never gouged his eyes when he had certain toys with him. It would therefore be important to make sure that, when left alone, he had preferred items with him. Sometimes it may not be the exact item but certain **features** of an item (e.g., things that move, things that are soft) that are of interest to the child.

Other prevention strategies include:

a) Provide the child with more opportunities for making choices.

b) Facilitate the development of relationships with peers.

c) Increase predictability for activities and transitions (e.g., picture, object or tactile schedules/cues).

d) Define the beginning and end of a task.

e) Make sure a task is functional and meaningful.

f) Eliminate aversive conditions (e.g., avoid noisy and large spaces until the child has learned coping skills).

g) Change the level of task difficulty.

h) Shorten instructions (e.g., one step versus three steps).

i) Provide the appropriate reinforcement (e.g., verbal, physical – pat on back, a break).

j) Alternate preferred and non-preferred tasks.

Some of these strategies may be permanent (e.g., offering choices, predictability of routine) and some strategies may be temporary (e.g., task difficulty).

Teaching Alternate Behaviors

Prevention strategies are only one component of a positive behavioral support plan. A second and critical piece of a plan is making sure that a child is taught new skills to replace the challenging behavior. This component is intended to provide the child with acceptable behaviors that accomplish the same outcomes that were achieved using a problem behavior. For example, if a child's inappropriate form of indicating "I want something to eat" was hitting, the new form might be to use a sign or gesture for EAT.

Or, a child may learn skills to calm themselves when in a highly distressful state. A child may learn to gently pat someone's arm when they need attention. A child may learn to point to a symbol to ask for help.
It is important to remember several things when teaching an alternate skill:

1) **Identify an alternate skill that is as easy for the child to do as the challenging behavior (e.g., screaming is easy to do).**

2) **Teach the child how and when to use the skill.**

3) **Make sure that anyone who interacts with the child knows what alternate skill is being taught and how to react to it.**

Alternate behaviors must be as **efficient and effective** for the child as was the problem behavior. It should be easier and take less effort for the child to accomplish their purpose.

A child's team needs to think through the efficiency of the alternate behavior that intends to teach the child. For example, Nancy, who is nonverbal, would grab children as they walked by her chair. Her team figured out that she was trying to get attention from the other children in the class. They decided to develop a picture book that Nancy could use to point to a child she wanted to interact with. This proved to be an inefficient strategy for Nancy. It took her time to get the book and locate a picture of a particular child. Additionally, the other children did not always see her point to the pictures. The pictures were not as effective as the problem behavior. The team decided that Nancy could hold out her hand to indicate a "give me five" as a way to initiate an interaction with another child or adult. This alternate behavior was more efficient for Nancy and she accomplished her goal of interacting with her peers. The teacher taught the other students and adults in the rooms that they needed to respond immediately to Nancy's new behavior so that she would understand and learn that using her hand worked to get people's attention.

The results of a functional assessment should indicate when and how a child communicates. The alternate skills that are taught must fit the context of an activity or situation. For example, Nancy will need to learn communicative behavior to indicate that she is thirsty. She may use her "high five" to gain attention but use the sign for DRINK to indicate that she is thirsty.

In addition to learning alternate skills to replace a problem behavior it is also important for a child to learn social interaction and self-management skills. Expanding opportunities for children to learn and practice appropriate social skills will enhance their overall quality of life.

Responding Strategies

Responding strategies are changes to the consequences that follow the child's behavior. A positive behavioral support plan should use principles of reinforcement – reinforce positive behaviors rather than negative behaviors. This approach does not focus on giving rewards for good behavior and punishments for inappropriate behavior. "The reward-and-punishment approach may work in the short run, but it substitutes external control for internal control, causing people to be dependent on others to manage their behavior" (Janney and Snell, 2001, p. 43).
This kind of approach requires people to change how they react to a child's positive and negative behavior. A responding strategy should show that the problem behavior does not work anymore (i.e, is not effective) and that the alternate behavior **does work**. The focus of responding strategies is to teach the child to use the new behaviors to meet his or her needs rather than simply reacting to the problem behavior.

This may be accomplished by:

1) **nonreinforcement and redirection,**
2) **natural or logical and educational consequences, and**
3) **taking a break.**

Nonreinforcement and Redirection

Nonreinforcement means not letting the problem behavior work for the child as is has in the past (e.g., the child screams and someone goes over to the child – function of the behavior is to get attention). The nonreinforcement (e.g., not talking about or reacting to the behavior) must be paired with **redirecting** the child to the alternative behavior (e.g., holding out her hand for the "high five" sign or an attempt to hold out her hand) and then **reinforcing** the alternative behavior (e.g., child holds out hand for "high five" and the teacher **immediately** responds by interacting with the child).

Natural or Logical Consequences

If negative consequences are part of a positive behavioral support plan they should not inflict pain, humiliation, or embarrassment to the child. They should be consequences that are naturally and logically related to the behavior (e.g., the child throws the toy against the wall and the natural consequence it that the toy breaks and is no longer available to the child). A logical consequence is reasonably related to a behavior (e.g., if a child's work is not finished they cannot go to recess).

It is important to remember that natural and logical consequences can be used in a manner that is inconsistent with positive behavior supports. Consequences should always remain respectful of the child and designed to teach the child an appropriate behavior in a positive manner.

Taking a Break

This strategy removes the student from a situation where a problem has occurred as a way to have the child calm down. This is not considered time-out but rather as a method of helping the child avoid losing control. It can also become a way for a child to self-manage his or her own behavior. For example, the A-B-C information from the functional assessment indicated that Sarah begins to hit her head if asked to complete a series of tasks without a break. As a result, the team decided to build in some breaks throughout the day, provide her with a picture schedule so she always knew what activity was next and teach her to ask for a break when she felt anxious.

This kind of a strategy requires people to attend to the signals that a child will display before a behavior occurs. Many children have specific signals (e.g., movement in the chair, vocalizations) that indicate they need a change (Janney & Snell, 2001).

Points to Remember

- ✓ **Create a trusting relationship with the child.**
- ✓ **Behavior is communication.**
- ✓ **Prevent, teach, respond.**

Student Project: Based on a child that has a challenging behavior use the Functional Assessment questions (found in Trainer Appendix N) to conduct an interview (e.g., family, teacher, care provider, DS). Indicate who was interviewed, and do the following:

1. Conduct an observation of the child noting the child's behavior, include the following:
   a. Setting (school/home)
   b. Time of day
   c. The people, if any, interacting with the child
   d. The antecedents/predictors
   e. The perceived function of the behavior
   f. The observed consequence

2. Based on your interview and observation, write a plan that includes prevention strategies, alternative behaviors to teach and reaction strategies.

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Name :

Functional Assessment Observation Form

Starting Date: Ending Date:

Time	Behaviors					Predictors									Percieved Functions: Get/Obtain				Escape Avoid					Actual Conseq.			Comments: (If nothing happened in the period, write initials)
						Demand/Request	Difficult task	Transitions	Interruption	Alone (no Attent.)					Attention	Desired Activity	Self-Stimulation		Demand/Request	Activity ( )	Person		Other/Don't know				
Totals																											
Events:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25		
Date:																											

Standard 6, Overhead B - Functional Assessment Observation Form

**This is a reproduction from O'Neill et al., (1997) Functional Assessment Observation Form

A behavioral support plan should have various components that include strategies to:

1. **Prevent** behavior problems from occurring;

2. **Teach** alternative behavior; and

3. **Respond** to a problem behavior when it occurs in ways that do not reinforce the problem behavior.

Prevention Strategies Include:

a) Provide the child with more opportunities for making choices.

b) Facilitate the development of relationships with peers.

c) Increase the predictability for activities and transitions.

d) Define the beginning and end of a task.

e) Make sure a task is functional and meaningful.

f) Eliminate aversive conditions.

g) Change the level of task difficulty.

h) Shorten instructions.

i) Provide the appropriate reinforcement.

j) Alternate preferred and non-preferred taks.

Sample Questions for a Functional Assessment Interview

1) **Describe that behavior – define the topography (how it is performed), frequency (how often it occurs per day, week, or month), duration (how long it lasts when it occurs), and intensity (how damaging or destructive the behaviors are when they occur).**

2) **Are there behaviors that are likely to occur together?**

3) **What kinds of "setting events" may predict a behavior?**

   - **impact of medication on a behavior?**
   - **impact of medical or physical conditions?**
   - **individual's sleep pattern?**
   - **individual's eating routine and diet?**

4) **Describe the individual's typical day?**

5) **Describe the activities the individual likes to do?**

6) **What are the individual's least favorite activities?**

7) **Does the individual have a way to predict the activities of the day?**

8) **What choices does the individual make throughout a typical day?**

9) **How many people does the individual interact with on a typical day?**

10) **When is a behavior most and least likely to occur?**

11) **Where is a behavior most and least likely to occur?**

12) **With whom is a behavior most and least likely to occur?**

13) **What activities are most and least likely to produce a behavior?**

14) **Describe what consequences occur when the individual displays a behavior?**

15) **How much effort does it require for the individual to produce the behavior?**

16) **How does the individual generally communicate? (e.g., words, signs, facial expressions).**

17) **Describe how the individual currently -**
- **requests attention**
- **requests help**
- **requests a preferred object/activity**
- **requests a break**
- **indicates pleasure/happiness**
- **indicates pain**
- **indicates sadness**
- **protests or rejects a person/activity**

18) **Does the individual follow verbal instructions or requests? How many steps?**

19) **Does the individual respond to gestural or signed requests/instructions?**

20) **Is the individual able to imitate if provided a demonstration of a task?**

21) **How does the individual indicate "yes" and "no"?**