



# COMMONWEALTH *autism* SERVICE

*leading the way*

## Level 1 Behavior Intervention FEEDBACK FORM

Baseline

Training

Maintenance

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

YES	NO	NA	PROACTIVE/REACTIVE/DATA COLLECTION
			1. Staff is providing student with scheduled breaks.
			2. Staff is providing students with reinforcement.
			3. Staff is presenting students with visuals to use.
			4. Staff provides student with choices.
			5. Staff is ignoring minor problem behaviors correctly.
			6. Staff is redirecting off task behavior without providing undue attention.
			7. Staff is physically blocking dangerous and unacceptable behavior without providing undue attention.
			8. Staff records data for every 15 minute interval.
			THREE STEP GUIDED COMPLIANCE
			9. Staff told student (in student's language) what to do.
			10. If student compliant once told what to do, then staff reinforced student.
			11. If student was not compliant once told what to do, the staff then showed the student what to do - staff modeled the correct response.
			12. If student compliant once shown what to do, then staff reinforced student.
			13. If student was not compliant once shown what to do, the staff then physical guided the student to comply.
			14. No excessive language was used in the procedure (such as, repeatedly telling the student what to do, trying to coax the student verbally into complying, etc.)
			15. Student was reinforced after compliance was gained at the individual student's expected level.
			Yes/Total
			Percentage

### Personal Goal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is goal being met?  Yes  No

### Feedback:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SIGNATURES:

Monitor: \_\_\_\_\_

Trainee: \_\_\_\_\_