

# FCBDD

## Behavior Support Plan Quick Reference Form (QRF)

Enrollee's Name: \_\_\_\_\_

For: \_\_\_\_\_ Day Program

Author/monitor's Name: \_\_\_\_\_

\_\_\_\_\_ Home

Author/monitor's #: \_\_\_\_\_

\_\_\_\_\_ Transportation

\_\_\_\_\_ Extensions/Respite

Data Sheets: (specify how, when, and by what means author/monitor is to get completed forms)

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Preventive procedures (list any/all appropriate for the site checked above):

**Intervention(s)** (include general interventions and/or approved aversives for both behaviors to increase AND behaviors to decrease as applicable):

**IF** (client's name, displays target behavior)      **THEN...** (use this intervention)

**IF** (client's name)....      **THEN...**

**IF** (client's name)....      **THEN...**

**IF** (client's name)....      **THEN...**

Complete behavior support plan (Form #472) is on file with Behavior Support Specialist/author and at all site(s) where plan is to be implemented with enrollee. The plan author/monitor is responsible for reviewing the complete plan with implementers at all applicable sites and ensuring that appropriate individuals (including sub/flex staff) are trained on using the plan.

Initial(s)/date here to indicate review of this QRF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_