

# Positive Behavior Support Facilitator Portfolio

## ***Standard Process Application***

### **Contents of Portfolio Packet**

- ◆ Cover Sheet
  - ◆ Summary of Requirements
  - ◆ Checklist of Portfolio Contents
  - ◆ Résumé or Abbreviated Vitae
  - ◆ Copy of Diploma or Transcript of highest degree earned
  - ◆ Knowledge, Skills, and Abilities Documentation
  - ◆ Person Centered Plan
  - ◆ Person-Centered Plan Checklist (for applicant to complete)
  - ◆ Person-Centered Plan Checklist (for reviewers to complete)
  - ◆ PBS Plan with Implementation data
  - ◆ PBS Plan with Implementation Data Checklist (for applicant to complete)
  - ◆ PBS Plan with Implementation Data Checklist (for reviewer to complete)
  - ◆ Mentoring Log
  - ◆ Letters of Recommendation (at least 5 total)
  - ◆ Applicant Comments (optional)
  - ◆ Other (optional)
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# Positive Behavior Support Facilitator Portfolio Cover Sheet

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: of Portfolio Submission: \_\_\_\_\_

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Date of Review by Endorsement Board: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Status:

Endorsed

Conditionally Endorsed: Must complete: \_\_\_\_\_

\_\_\_\_\_  
 Did not meet criteria as of this submission

Completed by Applicant

Completed by Office

## Positive Behavior Support Facilitator Portfolio Summary of Requirements

STANDARD PROCESS APPLICATION	
Liability Insurance	Company: _____  Dates of coverage: _____
Years of experience with individuals with disabilities	____ of the last five years
Education: highest degree	_____
Training – Number of sessions attended or waived	Attended ____ of 8 sessions; missed information was attained by: _____ _____ _____  Waived ____ of 8 sessions; information was attained by : _____ _____ _____
Mentoring hours	____ as of _____ (date)
Completed portfolio	Yes <input type="checkbox"/> No <input type="checkbox"/>
Completed interview	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Positive Behavior Support Facilitator Portfolio Checklist of Portfolio Contents

STANDARD PROCESS		Office use: check if located
Résumé or Abbreviated Vitae	Pages _____	
Copy of diploma or transcript of highest degree earned	Pages _____	
Documentation of attainment of knowledge, skills, abilities	Pages _____	
Person-centered plan	Pages _____	
Person-centered plan checklist	Pages _____	
Positive behavior support plan with implementation data	Pages _____	
Positive behavior support plan with implementation data checklist	Pages _____	
Mentoring log	Pages _____	
Recommendation from individual or family member	Pages _____	
Recommendation from team member	Pages _____	
Recommendation from mentor	Pages _____	
Recommendation from supervisor /advisor	Pages _____	
Recommendation from instructor	Pages _____	
Facilitator Comments	Pages _____	
Other	Pages _____	

**Résumé  
or  
Abbreviated Vitae  
(3 pages maximum)**

**Copy of Diploma or Transcript of  
Highest Degree Earned  
(must have at least a bachelor's degree)**

## Positive Behavior Support Facilitator Portfolio **Knowledge, Skills, and Abilities Documentation**

<b>STANDARD PROCESS</b> Knowledge, Skill, Ability	<b>List coursework or training session, location, date, and instructor</b>
<b>A. Basic Underlying Principles</b>	
1. Behavior is communicative	
2. Behavior is part of the person's social context	
3. Responsibility for behavior is shared between the caregiver and the person	
4. The goal of positive behavior support is to understand the connection between the behavior and the social, physical, and personal environment	
5. Interventions should increase competence of the person and should result in increased quality of life for the person	
6. Crisis management is a short term solution to keep people safe and not a behavior change strategy	
7. Intervention plans must fit with the values and abilities of the team who will implement them	
8. Intervention plans must include multiple components, including antecedent interventions, strategies to teach replacement behaviors, positive consequences to increase the replacement behaviors, and , if necessary, crisis management strategies	

<b>STANDARD PROCESS</b> <b>Knowledge, Skill, Ability</b>	<b>List coursework or training session, location, date, and instructor</b>
9. The people who will implement the intervention plan should be involved in its development	
10. The role of the facilitator is to support the team	
11. It is essential to assess the behavior and the system supporting the person	
<b>B. Identify problem behaviors for assessment and intervention</b>	
1. Identify behavior	
2. Prioritize behavior	
3. Operationalize behavior	
4. Develop baseline data collection method for behavior	
<b>C. Complete functional behavior assessment</b>	
1. Develop team interview data collection methods	
2. Participate in team interview process	
3. Develop rich data collection methods (ABC analysis, scatter plot, setting event analysis, etc.) to identify function of behavior	
4. Collect data and report perceived function	

<b>STANDARD PROCESS</b> <b>Knowledge, Skill, Ability</b>	<b>List coursework or training session, location, date, and instructor</b>
5. Develop functional analysis protocol	
6. Analyze all data collection methodologies	
7. Develop functional behavior hypothesis	
8. Test functional behavior hypothesis	
9. Design and run systematic manipulations when necessary	
<b>D. Develop positive behavior support/ behavior intervention plan</b>	
1. Develop setting event, motivative operations, and antecedent interventions	
2. Develop teaching plan for alternative replacement, coping, and general skill behaviors	
3. Develop consequence strategies to increase new alternative behaviors	
4. Develop consequence strategies for problem behavior	
5. Develop crisis management plan	
6. Develop plan to increase quality of life	
7. Develop training methods to assist team in implementing complete multi-component PBS plan	

<b>STANDARD PROCESS</b> <b>Knowledge, Skill, Ability</b>	<b>List coursework or training session, location, date, and instructor</b>
8. Develop plan evaluation, data collection methods	
9. Assess goodness of fit of PBS plan	
<b>E. Implement PBS Plan</b>	
1. Implement strategies developed in PBS plan	
2. Collect data to evaluate plan effectiveness to decrease problem behavior	
3. Collect data to evaluate plan effectiveness to increase alternative behavior	
4. Collect data to evaluate plan effectiveness to increase quality of life	
5. Evaluate data and report on plan effectiveness	
6. Revise plan when necessary in consultation with the team	
<b>F. Facilitate Person-Centered Plans</b>	
1. Select team process to use to develop plan (MAP, PATH, Essential Life Style Planning, Plan for Life, etc.)	
2. Prepare team and venue for facilitation	
3. Facilitate team	
4. Work with team to support implementation	

<b>STANDARD PROCESS</b> <b>Knowledge, Skill, Ability</b>	<b>List coursework or training session, location, date, and instructor</b>
5. Follow-up with team to support implementation	
6. Reschedule and revise with team as necessary	
<b>G. Team Facilitation Competencies</b>	
1. Selects appropriate processes to help team build consensus and make decisions	
2. Addresses barriers to team success	
3. Develops problem solving strategies for teams	
4. Seeks support and supervision when necessary to move team when blocked	

Positive Behavior Support Facilitator Portfolio

**Person-Centered Plan  
with narrative cover letter**

**Person-Centered Plan Checklists**

**In this section, please include your narrative cover letter (describing the team process and any details that aren't included in the plan but are on the checklist), your person-centered plan, a completed checklist (applicant version) indicating the page number of the plan where the information is located and a blank "rater" version checklist. Where appropriate (particularly if significant information is located on one page), please indicate the section where the information is found. Do NOT put "n/a" on any item on the checklist as this will result in your portfolio being returned to you for incompleteness.**

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**Person-Centered Plan (PCP) Report Checklist**  
**Applicant Version**

**Name:** \_\_\_\_\_ **Consumer's Name:** \_\_\_\_\_  
**Rater:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Role of Facilitator</b>		
The duration of my involvement with this person was (please check one item):		
<input type="checkbox"/>	1 visit with person & team	<input type="checkbox"/>
<input type="checkbox"/>	2-5 visits with person & team	<input type="checkbox"/>
<input type="checkbox"/>	ongoing visits with person & team	

**Instructions** - Please note page(s) where the listed information can be found

<b>GENERAL INFORMATION</b>		<b>Page(s)</b>
1.	Identifying information is complete (name, age, contacts, facilitator name)	
2.	A brief history of the consumer's life is provided (residences, family situations, previous supports, etc)	
3.	Important places for the consumer at school/work, home, and in the community are described	
4.	Important people for the consumer and opportunities to interact are described	
5.	The consumer's strengths are described	
6.	The consumer's preferred method of communication is described	
7.	Opportunities for choice in the consumer's current environment are described	
8.	Issues of control over the consumer's current environment are described	
9.	Health and physiology issues are described	
10.	Mobility (motor and transportation) issues are described	
11.	Plans/tools/frames are colorful and highly visual in presentation	
12.	Current schedules/activity patterns are described (quality, predictability)	
<b>Reason For Person Centered Plan explained</b>		
13.	Behavioral and/or environmental issues are identified	
14.	The relationship of current events to the consumer's history is provided	

<b>PART 1 – ASSESSMENT</b>		<b>Page(s)</b>
<b>Person Centered Plan Tools</b>		
15.	Planning and assessment participants are listed	
16.	PCP tools are described and justified	
17.	A global statement of the consumer's dreams is made	
18.	Type of preferred living setting for the consumer is described	
19.	With whom the consumer wants to live is clearly stated	
20.	With whom the consumer wants to socialize is clearly stated	
21.	What work or other valued activity the consumer wants to do is described	
22.	Social, leisure, or religious activities the consumer wants to participate in are described	
23.	Barriers to achieving preferred lifestyle are described	

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**Person-Centered Plan (PCP) Report Checklist**  
**Rater Version**

**Name:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

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

<b>Role of Facilitator</b>		
The duration of my involvement with this person was (please check one item):		
<input type="checkbox"/> 1 visit with person & team	<input type="checkbox"/> 2-5 visits with person & team	<input type="checkbox"/> ongoing visits with person & team

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:

- 0** = Not in place or criterion is not met
- 1** = Partially in place or incomplete
- 2** = In place, complete, and meets criterion

<b>GENERAL INFORMATION</b>				
1.	Identifying information is complete (name, age, contacts, facilitator name)	2	1	0
2.	A brief history of the consumer's life is provided (residences, family situations, previous supports, etc)	2	1	0
3.	Important places for the consumer at school/work, home, and in the community are described	2	1	0
4.	Important people for the consumer and opportunities to interact are described	2	1	0
5.	The consumer's strengths are described	2	1	0
6.	The consumer's preferred method of communication is described	2	1	0
7.	Opportunities for choice in the consumer's current environment are described	2	1	0
8.	Issues of control over the consumer's current environment are described	2	1	0
9.	Health and physiology issues are described	2	1	0
10.	Mobility (motor and transportation) issues are described	2	1	0
11.	Plans/tools/frames are colorful and highly visual in presentation			
12.	Current schedules/activity patterns are described (quality, predictability)	2	1	0
<b>Reason For Person Centered Plan explained</b>				
13.	Behavioral and/or environmental issues are identified	2	1	0
14.	The relationship of current events to the consumer's history is provided	2	1	0
<b>Rater Comments</b>				

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**Person-Centered Plan (PCP) Report Checklist**  
**Rater Version**

**Name:** \_\_\_\_\_ **Consumer's Name:** \_\_\_\_\_  
**Rater:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:  
**0** = Not in place or criterion is not met  
**1** = Partially in place or incomplete  
**2** = In place, complete, and meets criterion

<b>PART 1 – ASSESSMENT</b>				
<b>Person Centered Plan Tools</b>				
15.	Planning and assessment participants are listed	2	1	0
16.	PCP tools are described and justified	2	1	0
17.	A global statement of the consumer's dreams is made	2	1	0
18.	Type of preferred living setting for the consumer is described	2	1	0
19.	With whom the consumer wants to live is clearly stated	2	1	0
20.	With whom the consumer wants to socialize is clearly stated	2	1	0
21.	What work or other valued activity the consumer wants to do is described	2	1	0
22.	Social, leisure, or religious activities the consumer wants to participate in are described	2	1	0
23.	Barriers to achieving preferred lifestyle are described	2	1	0
<b>Rater Comments</b>				

<b>PART 2 – INTERVENTIONS AND SUPPORTS</b>				
<b>PCP Interventions</b>				
24.	Goals or skills to be achieved are described	2	1	0
25.	Activities needed to assist the consumer to achieve goals are described	2	1	0
26.	Training needed to assist the consumer to achieve goals is described	2	1	0
27.	Materials, equipment, and/or assistive technology needed to assist the consumer to achieve goals are described	2	1	0
28.	Services and supports needed to assist the consumer to achieve goals are described	2	1	0
29.	Plan outlines how achievement of goals or skills will be assessed	2	1	0
<b>General Intervention Considerations/Contextual Fit</b>				
30.	Resources needed are described including time requirements for implementation	2	1	0
31.	Potential financial costs and limitations related to plan are discussed	2	1	0
32.	Evidence that values/expectations of team members are considered	2	1	0
<b>Rater Comments</b>				



## Positive Behavior Support Facilitator Portfolio

### PBS Plan with Implementation Data and narrative cover letter

### PBS Plan with Implementation Data Checklists

**In this section, please include your positive behavior support plan, a narrative cover letter (describing the team process and any details that aren't included in the plan but are on the checklist), data, data charts, other relevant information, a completed applicant checklist indicating the page number of the plan where the information is located and a blank "rater" version checklist. Where appropriate (particularly if significant information is located on one page), please indicate the section where the information is found. Do NOT put "n/a" on any item on the checklist as this will result in your portfolio being returned to you for incompleteness.**

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**Positive Behavior Support Plan (PBS-P) Report Checklist**  
**Applicant Version**

**Name:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

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

<b>Role of Facilitator</b>	
The duration of my involvement with this person was (please check one item):	
<input type="checkbox"/> 1 visit with person & team	<input type="checkbox"/> 2-5 visits with person & team
<input type="checkbox"/> ongoing visits with person & team	

**Instructions** - Please note page(s) where the listed information can be found

<b>GENERAL INFORMATION</b>		<b>Page(s)</b>
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)	
2.	A brief history of the consumer's life is provided (residences, family situations, previous supports, etc)	
3.	Important places for the consumer at school/work, home, and in the community are described	
4.	Important people for the consumer and opportunities to interact are described	
5.	The consumer's strengths are described	
6.	The consumer's preferred method of communication is described	
7.	Opportunities for choice in the consumer's current environment are described	
8.	Issues of control over the consumer's current environment are described	
9.	Health and physiology issues are described	
10.	Mobility (motor and transportation) issues are described	
11.	Current schedules/activity patterns are described (quality, predictability)	
<b>Reason For Referral</b>		
12.	Behavioral and/or environmental issues are identified	
13.	The relationship of current events to the consumer's history is provided	

<b>PART 1 – ASSESSMENT</b>		<b>Page(s)</b>
<b>Functional Assessment</b>		
14.	Indirect assessment data include at least 2 of the following: <input type="checkbox"/> Caretaker interviews <input type="checkbox"/> Record reviews <input type="checkbox"/> Assessment tools used to collect quality of life, setting events, & other related information	
15.	Data/information from direct observations are described	
16.	Problem behaviors are operationally defined; definitions are clear	
17.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)	
18.	All assessment measures and data sources are described	
19.	Hypothesis statement is provided for each problem behavior (or problem behavior class)	
20.	Data to support each hypothesis are presented including frequencies	

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**Positive Behavior Support Plan (PBS-P) Report Checklist**  
**Applicant Version**

**Name:** \_\_\_\_\_ **Consumer's Name:** \_\_\_\_\_  
**Rater:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions** - Please note page(s) where the listed information can be found

<b>PART 2 – INTERVENTIONS AND SUPPORTS</b>		<b>Page(s)</b>
<b>Function Based Interventions</b>		
21.	Rationales for intervention selection are stated	
22.	Possible function of problem behavior is addressed	
23.	Teaching of adaptive skills as replacement behavior is included	
24.	Replacement behaviors are operationally defined	
25.	Each part of the hypothesis statement (setting event, antecedent, behavior., consequence) is addressed	
26.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/ interaction approaches	
27.	Minimizing positive and/or negative reinforcement for problem behavior is included	
28.	Selecting effective reinforcers and/or maximizing positive reinforcement for appropriate behavior is included	
29.	Safety/emergency procedures for what to do if/when crisis occurs is addressed	
30.	Training needs are addressed	
31.	Measurement method of each target behavior is described (including replacement behavior)	
32.	What data will be gathered for intervention effectiveness assessment is described	
33.	Training needs are identified and/or system of support is established	
34.	Resources needed are described including time requirements for implementation	
35.	Financial costs and/or limitations related to interventions are discussed	
36.	Process for monitoring the intervention plan is described <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	

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**Positive Behavior Support Plan (PBS-P) Report Checklist**  
**Applicant Version**

**Name:** \_\_\_\_\_ **Consumer's Name:** \_\_\_\_\_  
**Rater:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions** - Please note page(s) where the listed information can be found

<b>PART 3 – FOLLOW-UP</b>		<b>Page(s)</b>
<b>Function Based Interventions Follow-up</b>		
37.	Baseline and intervention data for each target behavior are graphed	
38.	Any graphs are clear (include labels, axis values, titles, and legend)	
39.	Indirect or direct measures of replacement behavior are provided	
40.	A statement regarding the effectiveness of interventions is made	
41.	Data provided support statement(s) regarding the effectiveness of interventions	
<b>Continuous Evaluation</b>		
42.	Measures to be gathered for continued evaluation include both direct and indirect measures-described	
43.	Process for continuing to monitor the intervention plan is described: <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	
44.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff	

<b>PART 4 – ATTACHMENTS</b>		<b>Page(s)</b>
45.	All pertinent supporting materials are included with the report: <input type="checkbox"/> Data sheets <input type="checkbox"/> Data summaries <input type="checkbox"/> Questionnaires	

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## Positive Behavior Support Plan (PBS-P) Report Checklist

### Rater Version

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

Consumer's Name: \_\_\_\_\_

Rater: \_\_\_\_\_

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

#### **Role of Facilitator**

The duration of my involvement with this person was (please check one item):

- 1 visit with person & team     2-5 visits with person & team     ongoing visits with person & team

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:

- 0** = Not in place or criterion is not met
- 1** = Partially in place or incomplete
- 2** = In place, complete, and meets criterion

#### **GENERAL INFORMATION**

1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)	2	1	0
2.	A brief history of the consumer's life is provided (residences, family situations, previous supports, etc)	2	1	0
3.	Important places for the consumer at school/work, home, and in the community are described	2	1	0
4.	Important people for the consumer and opportunities to interact are described	2	1	0
5.	The consumer's strengths are described	2	1	0
6.	The consumer's preferred method of communication is described	2	1	0
7.	Opportunities for choice in the consumer's current environment are described	2	1	0
8.	Issues of control over the consumer's current environment are described	2	1	0
9.	Health and physiology issues are described	2	1	0
10.	Mobility (motor and transportation) issues are described	2	1	0
11.	Current schedules/activity patterns are described (quality, predictability)	2	1	0
<b>Reason For Referral</b>				
12.	Behavioral and/or environmental issues are identified	2	1	0
13.	The relationship of current events to the consumer's history is provided	2	1	0

#### **Rater Comments**

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**Positive Behavior Support Plan (PBS-P) Report Checklist**  
**Rater Version**

**Name:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

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

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:  
**0** = Not in place or criterion is not met  
**1** = Partially in place or incomplete  
**2** = In place, complete, and meets criterion

<b>PART 1 – ASSESSMENT</b>				
<b>Functional Assessment</b>				
14.	Indirect assessment data include at least 2 of the following: <input type="checkbox"/> Caretaker interviews <input type="checkbox"/> Record reviews <input type="checkbox"/> Assessment tools used to collect quality of life, setting events, & other related information	<b>2</b>	<b>1</b>	<b>0</b>
15.	Data/information from direct observations are described	<b>2</b>	<b>1</b>	<b>0</b>
16.	Problem behaviors are operationally defined; definitions are clear	<b>2</b>	<b>1</b>	<b>0</b>
17.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)	<b>2</b>	<b>1</b>	<b>0</b>
18.	All assessment measures and data sources are described	<b>2</b>	<b>1</b>	<b>0</b>
19.	Hypothesis statement is provided for each problem behavior (or problem behavior class)	<b>2</b>	<b>1</b>	<b>0</b>
20.	Data to support each hypothesis are presented including frequencies	<b>2</b>	<b>1</b>	<b>0</b>
<b>Rater Comments</b>				

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**Positive Behavior Support Plan (PBS-P) Report Checklist**

**Rater Version**

**Name:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

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

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:

- 0** = Not in place or criterion is not met
- 1** = Partially in place or incomplete
- 2** = In place, complete, and meets criterion

**PART 2 – INTERVENTIONS AND SUPPORTS**

**Function Based Interventions**

21.	Rationales for intervention selection are stated	<b>2</b>	<b>1</b>	<b>0</b>
22.	Possible function of problem behavior is addressed	<b>2</b>	<b>1</b>	<b>0</b>
23.	Teaching of adaptive skills as replacement behavior is included	<b>2</b>	<b>1</b>	<b>0</b>
24.	Replacement behaviors are operationally defined	<b>2</b>	<b>1</b>	<b>0</b>
25.	Each part of the hypothesis statement (setting event, antecedent, behavior, consequence) is addressed	<b>2</b>	<b>1</b>	<b>0</b>
26.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/ interaction approaches	<b>2</b>	<b>1</b>	<b>0</b>
27.	Minimizing positive and/or negative reinforcement for problem behavior is included	<b>2</b>	<b>1</b>	<b>0</b>
28.	Selecting effective reinforcers and/or maximizing positive reinforcement for appropriate behavior is included	<b>2</b>	<b>1</b>	<b>0</b>
29.	Safety/emergency procedures for what to do if/when crisis occurs is addressed	<b>2</b>	<b>1</b>	<b>0</b>
30.	Training needs are addressed	<b>2</b>	<b>1</b>	<b>0</b>
31.	Measurement method of each target behavior is described (including replacement behavior)	<b>2</b>	<b>1</b>	<b>0</b>
32.	What data will be gathered for intervention effectiveness assessment is described	<b>2</b>	<b>1</b>	<b>0</b>
33.	Training needs are identified and/or system of support is established	<b>2</b>	<b>1</b>	<b>0</b>
34.	Resources needed are described including time requirements for implementation	<b>2</b>	<b>1</b>	<b>0</b>
35.	Financial costs and/or limitations related to interventions are discussed	<b>2</b>	<b>1</b>	<b>0</b>
36.	Process for monitoring the intervention plan is described <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	<b>2</b>	<b>1</b>	<b>0</b>

**Rater Comments**

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**Positive Behavior Support Plan (PBS-P) Report Checklist**  
**Rater Version**

**Name:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_

**Rater:** \_\_\_\_\_

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

**Instructions** - Please rate each of the following items by circling either 0, 1, or 2 according to the following:

- 0** = Not in place or criterion is not met
- 1** = Partially in place or incomplete
- 2** = In place, complete, and meets criterion

<b>PART 3 – FOLLOW-UP</b>				
<b>Function Based Interventions Follow-up</b>				
37.	?Baseline and intervention data for each target behavior are graphed	<b>2</b>	<b>1</b>	<b>0</b>
38.	Any graphs are clear (include labels, axis values, titles, and legend)	<b>2</b>	<b>1</b>	<b>0</b>
39.	Indirect or direct measures of replacement behavior are provided	<b>2</b>	<b>1</b>	<b>0</b>
40.	A statement regarding the effectiveness of interventions is made	<b>2</b>	<b>1</b>	<b>0</b>
41.	Data provided support statement(s) regarding the effectiveness of interventions	<b>2</b>	<b>1</b>	<b>0</b>
<b>Continuous Evaluation</b>				
42.	Measures to be gathered for continued evaluation include both direct and indirect measures-described	<b>2</b>	<b>1</b>	<b>0</b>
43.	Process for continuing to monitor the intervention plan is described: <input type="checkbox"/> Timeline for meetings <input type="checkbox"/> What it is to be done <input type="checkbox"/> When it is to be done <input type="checkbox"/> By whom it is to be done (responsibilities)	<b>2</b>	<b>1</b>	<b>0</b>
44.	Plan for sustainability includes: <input type="checkbox"/> Plan for transitions or major setting events is stated and/or <input type="checkbox"/> Description of training plan for new staff	<b>2</b>	<b>1</b>	<b>0</b>
<b>Rater Comments</b>				

<b>PART 4 – ATTACHMENTS</b>				
45.	All pertinent supporting materials are included with the report: <input type="checkbox"/> Data sheets <input type="checkbox"/> Data summaries <input type="checkbox"/> Questionnaires	<b>2</b>	<b>1</b>	<b>0</b>
<b>Rater Comments</b>				

<b>PART 5 – TOTAL SCORES</b>				
Total Score of each column:				
Total Score of each column (post interview):				

Adapted and used with permission from the Kansas Institute for Positive Behavior Support

## Positive Behavior Support Facilitator Portfolio

### Mentoring Log

(student copy must show at least 24 hours of mentoring)

## Positive Behavior Support Facilitator Portfolio

### Letters of Recommendation

- Consumer or Family Member
- Team Member
- Mentor
- Supervisor/Advisor
- Training Instructor

**\*NOTE:** Send letters to each party with a self addressed stamped envelope included. Instruct each person to complete letter, seal in envelope, and sign their name across the seal of the envelope and return the letter to the applicant. The applicant is to put unopened letters in portfolio.

**See letters to be completed on following pages**

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**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Family Version**

This letter is designed to help you give us feedback on your experiences working with \_\_\_\_\_, who has been helping you with your child or family member with behavior issues. Please answer the following questions and mail the completed letter back in the self-addressed stamped envelope provided. Your completed letter will help us decide if this person meets the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

<i>Please use the following scale to rate your response: circle the item</i>			
<b>YES</b> = you agree with the statement <b>PARTIAL</b> = you agree somewhat			
<b>NO</b> = you do not agree <b>N/A</b> = is not applicable for my situation			
1.	I felt that my child/family member and I were included (or asked to be) in all meetings.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
2.	My child/family member and I were treated with dignity and respect.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
3.	My child/family member and I felt our opinions were valued.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
4.	This person found out what my child/family member's hopes and dreams are for life.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
5.	This person asked my child/family member and me questions during our meetings.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
6.	My family member's human rights have been respected in this behavior or person-centered plan process.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
7.	As a result of working with this person, my child/family member now enjoys life more.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
8.	A goal of my child/family member's behavior or person-centered plan has been to live as independently as possible.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
9.	As a result of working with this person, my child/family member is involved in more activities with persons without disabilities.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
10.	I feel that my child/family member's quality of life has increased since working with this person.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
11.	I feel that my child/family member has overcome the original problem behavior.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>

Family Member's Name: \_\_\_\_\_

PBSF Candidate: \_\_\_\_\_

**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Focus Person Version**

This letter is designed to help you give us feedback on your experiences working with \_\_\_\_\_, who has been helping you with behavior issues. Please answer the following questions and mail the completed letter back in the self-addressed stamped envelope provided. Your completed letter will help us decide if this person meets the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

*Please use the following scale to rate your response: circle the item*  
**YES** = you agree with the statement    **PARTIAL** = you agree somewhat  
**NO** = you do not agree    **N/A** = is not applicable for my situation

1.	I felt that I was included (or given the option to be) in all meetings.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
2.	I felt like I was treated with dignity and respect.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
3.	I felt our opinions were valued.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
4.	My facilitator found out what my hopes and dreams are for my life.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
5.	My facilitator asked me questions during our meetings.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
6.	I feel that my human rights have been respected in this behavior or person-centered plan process.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
7.	As a result of working with this facilitator, I now enjoy my life more.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
8.	A goal of my behavior or person-centered plan has been for me to live as independently as possible.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
9.	As a result of working with this facilitator, I am involved in more activities with persons without disabilities.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
10.	I feel that my quality of life has increased since working with this facilitator.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
11.	I feel that I have overcome my original problem behavior.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>

Focus Person's Name: \_\_\_\_\_

PBSF Candidate: \_\_\_\_\_

**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Team Member Version**

The purpose of this letter is to give you the opportunity to evaluate and provide feedback on your experiences working with \_\_\_\_\_. You have been a member of a support team for a behavior support plan and/or a person-centered planning tool (like Frames, MAPS, PATH, etc). Please answer the following questions and mail this evaluation back in the self-addressed stamped envelope provided. The letter, in conjunction with other documents, will be reviewed by an Endorsement Board to determine if the candidate listed above has met the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

<i>Please use the following scale to rate your response: circle the item</i>			
<i><b>YES</b> = you agree with the statement    <b>PARTIAL</b>= you agree somewhat</i>			
<i><b>NO</b> = you do not agree    <b>N/A</b> = is not applicable for my situation</i>			
1.	I feel that the facilitator saw the focus person/consumer as a person “first” and disability “second”.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
2.	The facilitator explained the PBS process to the consumer and support team.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
3.	I felt that my opinions were valued by the facilitator.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
4.	The facilitator thoroughly explained how to use any data collection tools that I was assigned.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
5.	The facilitator emphasized the Positive Behavior Support or Person-centered Plan process as a team effort requiring input from all members.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
6.	The facilitator was easy to get in touch with.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
7.	The facilitator responded to any inquiries in a timely manner.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
8.	Because of working with this facilitator, I now know more about Positive Behavior Supports or Person-centered planning.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
9.	I better understand the functions of the focus person’s problem behavior(s).	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
10.	The facilitator stressed the importance examining the “communicative intent” of problematic behaviors.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
11.	The PBS or Person-Centered Plan has increased the quality of life for the consumer.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>
12.	If this consumer has behavioral needs in the future, I and their support team can complete a functional behavior assessment and implement strategies if the facilitator was not available.	<b>YES</b>	<b>PARTIAL</b>
		<b>NO</b>	<b>N/A</b>

Consumer: \_\_\_\_\_ Team Member’s Name: \_\_\_\_\_  
 PBSF Candidate: \_\_\_\_\_

**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Mentor Version**

The purpose of this letter is to give you the opportunity to evaluate and provide feedback on your experiences working with \_\_\_\_\_. You have been a member of a support team for a behavior support plan and/or a person-centered planning tool (like Frames, MAPS, PATH, etc). Please answer the following questions and mail this evaluation back in the self-addressed stamped envelope provided. The letter, in conjunction with other documents, will be reviewed by an Endorsement Board to determine if the candidate listed above has met the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

*Please use the following scale to rate your response: circle the item*  
**YES** = you agree with the statement    **PARTIAL** = you agree somewhat  
**NO** = you do not agree    **N/A** = is not applicable for my situation

1.	I feel that the candidate saw the focus person/consumer as a person “first” and disability “second”.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
2.	The candidate explained the PBS process to the consumer and support team.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
3.	I felt that the opinions of all team members were valued by the student.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
4.	The student thoroughly understands how to use 3-5 data collection tools.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
5.	The student emphasized the Positive Behavior Support or Person-centered Plan process as a team effort requiring input from all members.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
6.	The student was easy to get in touch with.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
7.	The student responded to any inquiries in a timely manner.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
8.	The team members better understand the functions of the focus person’s problem behavior(s).	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
9.	The student comprehends the importance examining the “communicative intent” of problematic behaviors.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
10.	The PBS or Person-Centered Plan has increased the quality of life for the consumer.	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
11.	If this consumer has behavioral needs in the future, their support team could complete a functional behavior assessment and implement strategies if the student is not available?	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
12.	You would recommend this student to become certified as a PBS Facilitator without reservation?	<b>YES</b> <b>NO</b>	<b>PARTIAL</b> <b>N/A</b>
13.	The total hours of mentoring the student has received as of: _____ (mm/dd/yy).	<b>Total mentoring hours:</b> _____	

Mentor: \_\_\_\_\_

PBSF Candidate \_\_\_\_\_

**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Employment Supervisor or Academic Advisor Version**

The purpose of this letter is to give you the opportunity to evaluate and provide feedback on your experiences supervising \_\_\_\_\_ while they have been attending the CPBSF training. Please answer the following questions based on your knowledge of their PBS work with teams and focus persons. Then mail this evaluation back in the self-addressed stamped envelope provided. The letter, in conjunction with other documents, will be reviewed by an Endorsement Board to determine if the candidate listed above has met the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

<p><i>Please use the following scale to rate your response: circle the item</i>  <b>YES</b> = you agree with the statement    <b>PARTIAL</b> = you agree somewhat  <b>NO</b> = you do not agree    <b>N/A</b> = is not applicable for my situation</p>			
1.	I feel that the employee/student sees the focus person/consumer as a person “first” and disability “second.”	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
2.	The employee/student now appears to have a thorough understanding of Positive Behavior Supports and Person Centered Planning.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
3.	The opinions of all team members were valued by the employee/student.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
4.	The employee/student thoroughly understands how to use a variety of data collection tools (ABC charts, scatter plots, FAI, etc.).	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
5.	The employee/student emphasized the Positive Behavior Support or Person-centered Plan process as a team effort requiring input from all members.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
6.	The employee/student kept me abreast of any team issues they were concerned about.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
7.	The employee/student responded to any inquiries in a timely manner.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
8.	The employee/student better understands the functions of the focus person’s problem behavior(s).	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
9.	The employee/student comprehends the importance examining the “communicative intent” of problematic behaviors.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
10.	The PBS or Person-Centered Plan has increased the quality of life for the consumer.	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
11.	If this consumer has behavioral needs in the future, their support team could complete a functional behavior assessment and implement strategies if the student is not available?	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>
12.	You would recommend this employee/student to become certified as a PBS Facilitator without reservation?	<b>YES</b>	<b>PARTIAL</b> <b>NO</b> <b>N/A</b>

Supervisor: \_\_\_\_\_                      PBSF Candidate \_\_\_\_\_

**Positive Behavior Support Facilitator  
Letter of Recommendation**

**Course Instructor Version**

The purpose of this letter is to give you the opportunity to evaluate and provide feedback on your experiences teaching \_\_\_\_\_ various topics related to Positive Behavior Supports and/or Person-Centered Planning. Please answer the following questions relative to coursework or trainings taught by you to the above mentioned student. Then mail this evaluation back in the self-addressed stamped envelope provided. The letter, in conjunction with other documents, will be reviewed by an Endorsement Board to determine if the candidate listed above has met the criteria to become certified as a Positive Behavior Support Facilitator. Thank you for your time!

<p><i>Please use the following scale to rate your response: circle the item</i>  <b>YES</b> = you agree with the statement    <b>PARTIAL</b> = you agree somewhat  <b>NO</b> = you do not agree    <b>N/A</b> = is not applicable for my situation</p>		
1.	This student mastered the content of the coursework taught.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
2.	The student now has a thorough understanding of Positive Behavior Supports and Person Centered Planning.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
3.	The student actively participated in classroom discussions and activities.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
4.	The student thoroughly understands how to use a variety of data collection tools (ABC charts, scatter plots, FAI, etc.).	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
5.	The student understands the concept of PBS and PCP being a team effort requiring input from all members.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
6.	The student always clarified any confusion regarding topics covered.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
7.	This student completed their assignments in a timely manner.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
8.	The student attended classes regularly.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
9.	The student comprehends the importance examining the “communicative intent” of problematic behaviors.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
10.	The student made up any missed work or course content.	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
11.	You would recommend this employee to become certified as a PBS Facilitator without reservation?	<b>YES</b> <b>PARTIAL</b> <b>NO</b> <b>N/A</b>
12.	Please list all of the courses or trainings received by this student and the grade achieved (if applicable). <hr/> <hr/> <hr/> <hr/>	

Instructor: \_\_\_\_\_ PBSF Candidate \_\_\_\_\_

## Positive Behavior Support Facilitator Portfolio

### Applicant Comments (optional)

## Positive Behavior Support Facilitator Portfolio

### Other Items (optional)

(i.e. additional examples of work in PBS  
or P-CP)