

Positive Behavior Support Facilitator Portfolio ***Expedited Process Application*** **Contents of Portfolio Packet**

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- ◆ Checklist of Portfolio Contents
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- ◆ Copy of Diploma or Transcript of Highest Degree Earned
- ◆ Knowledge, Skills, and Abilities Documentation
- ◆ PBS Plan with Implementation Data
- ◆ PBS Plan Checklist (for applicant to complete)
- ◆ PBS Plan Checklist (for reviewer to complete)
- ◆ Example of PBS Product: writing, presentation, or research
- ◆ Letters of Recommendation
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- ◆ Other

Positive Behavior Support Facilitator Portfolio Cover Sheet

Name: _____

Address: _____

Phone: _____

Email: _____

Date: of Portfolio Submission: _____

Date of Review by Endorsement Board: _____

Date of Interview: _____

Type of Certification: Expedited Process

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

ADVANCED PROCESS APPLICATION	
Liability Insurance	Company: _____ Dates of coverage: _____
Years of experience with individuals with disabilities	____ of the last five years
Education: highest degree	
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

ADVANCED PROCESS APPLICATION		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 _____	
Positive behavior support plan with implementation data	Pages _____	
Positive behavior support plan checklist	Pages _____	
Recommendation letter from individual or family member	Pages _____	
Recommendation letter from team member	Pages _____	
Example of professional PBS product: writing, research, presentations	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

Advanced Process Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
A. Basic Underlying Principles	
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	

Advanced Process Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
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. Identify problem behaviors for assessment and intervention	
1. Identify behavior	
2. Prioritize behavior	
3. Operationalize behavior	
4. Develop baseline data collection method for behavior	
C. Complete functional behavior assessment	
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	

Advanced Process Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
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	
D. Develop positive behavior support/ behavior intervention plan	
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	

Advanced Process Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
8. Develop plan evaluation, data collection methods	
9. Assess goodness of fit of PBS plan	
E. Implement PBS Plan	
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	
F. Facilitate Person-Centered Plans	
1. Select team process to use to develop plan (MAP, PATH, Essential Life Style Planning, Plan for Life, etc.)	

Advanced Process Knowledge, Skill, Ability	List coursework or training session, location, date, and instructor
2. Prepare team and venue for facilitation	
3. Facilitate team	
4. Work with team to support implementation	
5. Follow-up with team to support implementation	
6. Reschedule and revise with team as necessary	
G. Team Facilitation Competencies	
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

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.

Positive Behavior Support Plan Checklist
Applicant Version

Name: _____

Consumer's Name: _____

Rater: _____

Date: _____

Role of Facilitator		
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

GENERAL INFORMATION		Page(s)
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)	
Reason For Referral		
12.	Behavioral and/or environmental issues are identified	
13.	The relationship of current events to the consumer's history is provided	
Person Centered Planning Approaches are Evident in PBS Plan		
14.	Planning and assessment participants are listed	
15.	PCP tools are described and justified (if formal tools were used)	
16.	A global statement of the consumer's dreams or life choices is/are made	
17.	Type of preferred living setting for the consumer is described	
18.	With whom the consumer wants to live is clearly stated	
19.	With whom the consumer wants to socialize is clearly stated	
20.	What work or other valued activity the consumer wants to do is described	
21.	Social, leisure, or religious activities the consumer wants to participate in are described	
22.	Barriers to achieving preferred lifestyle are described	
23.	Goals or skills to be achieved are described	
24.	Activities needed to assist the consumer to achieve goals are described	
25.	Training needed to assist the consumer to achieve goals is described	
26.	Materials, equipment, and/or assistive technology needed to assist the consumer to achieve goals are described	
27.	Services and supports needed to assist the consumer to achieve goals are described	
28.	Plan outlines how achievement of goals or skills will be assessed	

Positive Behavior Support Plan Checklist
Applicant Version

Name: _____

Consumer's Name: _____

Rater: _____

Date: _____

PART 1 – ASSESSMENT		Page(s)
Functional Assessment		
29.	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	
30.	Data/information from direct observations are described	
31.	Problem behaviors are operationally defined; definitions are clear	
32.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)	
33.	All assessment measures and data sources are described	
34.	Hypothesis statement is provided for each problem behavior (or problem behavior class)	
35.	Data to support each hypothesis are presented including frequencies	

PART 2 – INTERVENTIONS AND SUPPORTS		Page(s)
Function Based Interventions		
36.	Rationales for intervention selection are stated	
37.	Possible function of problem behavior is addressed	
38.	Teaching of adaptive skills as replacement behavior is included	
39.	Replacement behaviors are operationally defined	
40.	Each part of the hypothesis statement (setting event, antecedent, behavior., consequence) is addressed	
41.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/ interaction approaches	
42.	Minimizing positive and/or negative reinforcement for problem behavior is included	
43.	Selecting effective reinforcers and/or maximizing positive reinforcement for appropriate behavior is included	
44.	Safety/emergency procedures for what to do if/when crisis occurs is addressed	
45.	Training needs are addressed	
46.	Measurement method of each target behavior is described (including replacement behavior)	
47.	What data will be gathered for intervention effectiveness assessment is described	
48.	Training needs are identified and/or system of support is established	
49.	Resources needed are described including time requirements for implementation	
50.	Financial costs and/or limitations related to interventions are discussed	
51.	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)	

Positive Behavior Support Plan Checklist
Applicant Version

Name: _____

Consumer's Name: _____

Rater: _____

Date: _____

PART 3 – FOLLOW-UP		Page(s)
Function Based Interventions Follow-up		
52.	Baseline and intervention data for each target behavior are graphed	
53.	Any graphs are clear (include labels, axis values, titles, and legend)	
54.	Indirect or direct measures of replacement behavior are provided	
55.	A statement regarding the effectiveness of interventions is made	
56.	Data provided support statement(s) regarding the effectiveness of interventions	
Continuous Evaluation		
57.	Measures to be gathered for continued evaluation include both direct and indirect measures-described	
58.	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)	
59.	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	

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

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

Positive Behavior Support Plan 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):		
<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

GENERAL INFORMATION				
1.	Identifying information is complete (name, DOB, age, contacts, referral source, facilitator name)	2	1	0
2.	A brief history of 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
Reason For Referral				
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
Person Centered Planning Approaches are Evident in PBS Plan				
14.	Planning and assessment participants are listed	2	1	0
15.	PCP tools are described and justified	2	1	0
16.	A global statement of the consumer's dreams is made	2	1	0
17.	Type of preferred living setting for the consumer is described	2	1	0
18.	With whom the consumer wants to live is clearly stated	2	1	0
19.	With whom the consumer wants to socialize is clearly stated	2	1	0
20.	What work or other valued activity the consumer wants to do is described	2	1	0
21.	Social, leisure, or religious activities the consumer wants to participate in are described	2	1	0
22.	Barriers to achieving preferred lifestyle are described	2	1	0
23.	Goals or skills to be achieved are described	2	1	0
24.	Activities needed to assist the consumer to achieve goals are described	2	1	0
25.	Training needed to assist the consumer to achieve goals is described	2	1	0
26.	Materials, equipment, and/or assistive technology needed to assist the consumer to achieve goals are described	2	1	0
27.	Services and supports needed to assist the consumer to achieve goals are described	2	1	0
28.	Plan outlines how achievement of goals or skills will be assessed	2	1	0
Rater Comments				

Positive Behavior Support Plan Checklist
Rater Version

Name: _____

Consumer's Name: _____

Rater: _____

Date: _____

PART 1 – ASSESSMENT				
Functional Assessment				
29.	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	2	1	0
30.	Data/information from direct observations are described	2	1	0
31.	Problem behaviors are operationally defined; definitions are clear	2	1	0
32.	Baseline data are clearly graphed (include labels, axis values, titles, and legend)	2	1	0
33.	All assessment measures and data sources are described	2	1	0
34.	Hypothesis statement is provided for each problem behavior (or problem behavior class)	2	1	0
35.	Data to support each hypothesis are presented including frequencies	2	1	0

PART 2 – INTERVENTIONS AND SUPPORTS				
Function Based Interventions				
36.	Rationales for intervention selection are stated	2	1	0
37.	Possible function of problem behavior is addressed	2	1	0
38.	Teaching of adaptive skills as replacement behavior is included	2	1	0
39.	Replacement behaviors are operationally defined	2	1	0
40.	Each part of hypothesis statement (setting event, antecedent, behavior, consequence) is addressed	2	1	0
41.	Environmental interventions address at least 2 of the following: <input type="checkbox"/> Schedule predictability <input type="checkbox"/> Instructional/ interaction approaches	2	1	0
42.	Minimizing positive and/or negative reinforcement for problem behavior is included	2	1	0
43.	Selecting effective reinforcers and/or maximizing positive reinforcement for appropriate behavior is included	2	1	0
44.	Safety/emergency procedures for what to do if/when crisis occurs is addressed	2	1	0
45.	Training needs are addressed	2	1	0
46.	Measurement method of each target behavior is described (including replacement behavior)	2	1	0
47.	What data will be gathered for intervention effectiveness assessment is described	2	1	0
48.	Training needs are identified and/or system of support is established	2	1	0
49.	Resources needed are described including time requirements for implementation	2	1	0
50.	Financial costs and/or limitations related to interventions are discussed	2	1	0
51.	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)	2	1	0
Rater Comments				

Positive Behavior Support Facilitator Portfolio

Letters of Recommendation

- Consumer or Family Member
- Team Member

See letters to be completed on following pages

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

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

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>YES = you agree with the statement PARTIAL= you agree somewhat</i>			
<i>NO = you do not agree N/A = 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”.	YES	PARTIAL
		NO	N/A
2.	The facilitator explained the PBS process to the consumer and support team.	YES	PARTIAL
		NO	N/A
3.	I felt that my opinions were valued by the facilitator.	YES	PARTIAL
		NO	N/A
4.	The facilitator thoroughly explained how to use any data collection tools that I was assigned.	YES	PARTIAL
		NO	N/A
5.	The facilitator emphasized the Positive Behavior Support Plan process as a team effort requiring input from all members.	YES	PARTIAL
		NO	N/A
6.	The facilitator was easy to get in touch with.	YES	PARTIAL
		NO	N/A
7.	The facilitator responded to any inquiries in a timely manner.	YES	PARTIAL
		NO	N/A
8.	Because of working with this facilitator, I now know more about Positive Behavior Supports and person-centered planning.	YES	PARTIAL
		NO	N/A
9.	I better understand the functions of the focus person’s problem behavior(s).	YES	PARTIAL
		NO	N/A
10.	The facilitator stressed the importance examining the “communicative intent” of problematic behaviors.	YES	PARTIAL
		NO	N/A
11.	The Positive Behavior Support Plan has increased the quality of life for the consumer.	YES	PARTIAL
		NO	N/A
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.	YES	PARTIAL
		NO	N/A

Consumer: _____ Team Member’s Name: _____
 PBSF Candidate: _____

Positive Behavior Support Facilitator Portfolio

**Example of Professional PBS Product:
Writing, research, trainings given or
presentation**

(Required for Expedited Portfolio)

Please include outline of product or powerpoint presentation along with description of targeted audience, approximate date(s), and size of audience.

Positive Behavior Support Facilitator Portfolio

Applicant Comments (optional)

Positive Behavior Support Facilitator Portfolio

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