

Behavior Plan / Packet Requirements

Member Name: _____ Date: _____

	In Plan?			Page(s)
	Yes	No	N/A	
A. Contact Sheet (DDD-1986A)				
B. Team Agreement Form (DDD-1987A)				
C. Current Status (achievements, living arrangement, basic health, brief behavioral status) DD/ Behavioral Health Diagnosis				
D. Social and Medical History – Documentation of the existence and/or history of any interfering behavior, including significant life events (in chronological order)				
E. Purpose of the Plan/Rationale				
F. Current Psychotropic Medications				
G. Function of the Target Behavior(s)				
H. Antecedents (Conditions present before target behavior)				
I. Precursors (Behaviors that may occur before the target behavior)				
J. Response to Target Behavior(s)				
K. Alternative Behavior Statement/Replacement Behavior (Increase)				
L. Methodology				
M. Data for Alternative Behavior/Replacement Behavior (include previous 12 months)				
N. Rights Restrictions				
O. Protective Device Protocol				
P. Other Interfering Behavior(s) (list other behaviors that are not currently tracked, reactive strategies for each)				
Q. Training and Monitoring Requirements				
R. Data for Target Behaviors (include previous 12 months)				
S. Emergency/Crisis Plan Protocol (may be a separate document)				
T. Most Recent Person-Centered Service Plan (PCSP) (attach to packet)				
U. Most Recent Medication Review (attach to packet)				
V. For dietary restrictions, protective devices, and other restrictions that are medically necessary or to ensure health and safety, must include current prescription from a medical or behavioral health provider (attach to packet)				