



REACH MS
Mississippi's State Personnel Development Grant

University of Southern Mississippi
118 College Drive #5057
Hattiesburg, MS 39406

Phone: 601.266.4693
Fax: 601.266.4978
Email: REACHMS@usm.edu

Realizing Excellence for ALL Children in Mississippi

Behavioral Outcomes Survey

The Behavioral Outcomes Survey will be completed at the end of each Tier 3 behavioral intervention.

1. Prior to the completion of the Behavioral Outcomes Survey, the team leader should briefly discuss with the team the problem behaviors that prompted the development of the Tier 3 Behavior Support Plan. The team will list those problem behaviors in item 1 and item 2 before rating them.
2. The team should also discuss and summarize the support strategies that have been used with the child and list them in item 2 before to rating them.
3. Items 3 and 4 require the team to identify replacement behaviors and strategies used to support the child prior to rating the items.
4. It is our recommendation that teams go through the assessment together the first time it is completed to answer questions that may arise. However, ensure each person has adequate time and space to complete questions before moving on.
5. Go question by question and allow team members to ask questions about the meaning of the question. The team leader should clarify the meaning of the question. Allow time for team members to complete that question before moving to the next question.

Behavior Outcomes Survey

Student Name: _____ Date Completed: _____

To be completed by each Tier 3 team member ***at the end*** of the Tier 3 behavioral intervention.

Challenging Behaviors Targeted in Tier 3 Behavior Intervention Plan

Instructions: Please list those behaviors that prompted the development of a Tier 3 Behavior Intervention Plan (e.g., challenging behaviors, problematic behaviors). Please indicate the current frequency, severity and duration **compared to those *prior* to the Tier 3 Behavior Support**.

| Challenging/Problem Behaviors | It is occurring more or less often? | Is it more or less severe? | Is it occurring for longer or shorter durations? |
|-------------------------------|--|--|---|
| | <input type="checkbox"/> More Often <input type="checkbox"/> No Change <input type="checkbox"/> Less Often | <input type="checkbox"/> More Severe <input type="checkbox"/> No Change <input type="checkbox"/> Less Severe | <input type="checkbox"/> Longer duration <input type="checkbox"/> No Change <input type="checkbox"/> Shorter duration |
| | <input type="checkbox"/> More Often <input type="checkbox"/> No Change <input type="checkbox"/> Less Often | <input type="checkbox"/> More Severe <input type="checkbox"/> No Change <input type="checkbox"/> Less Severe | <input type="checkbox"/> Longer duration <input type="checkbox"/> No Change <input type="checkbox"/> Shorter duration |
| | <input type="checkbox"/> More Often <input type="checkbox"/> No Change <input type="checkbox"/> Less Often | <input type="checkbox"/> More Severe <input type="checkbox"/> No Change <input type="checkbox"/> Less Severe | <input type="checkbox"/> Longer duration <input type="checkbox"/> No Change <input type="checkbox"/> Shorter duration |

Strategies Implemented to Reduce Challenging Behaviors Targeted in Tier 3 Behavior Intervention Plan

Instructions: Consider any strategies implemented with the child to support and assist him or her in managing the challenging behaviors listed above. In the chart below, please record any strategies implemented and for what behavior(s). Also, using the rating scale below Not at All (1) to A Great Deal (5), please rate how well you think each strategy worked, how comfortable you were/are with the strategy, how consistently you think it was used, and the degree to which the approach interferes with this child's typical routines.

Rating Scale

| | | | | |
|------------------------|----------|----------------------|----------|--------------------------|
| Not at All 1 | 2 | Somewhat 3 | 4 | A Great Deal 5 |
|------------------------|----------|----------------------|----------|--------------------------|

| Problem Behavior (Same as above) | Strategies Used to Support Child (Please list) | How Well it Worked? | How Comfortable Were You with the Strategy? | How Consistently was it Used? | How much did it interfere with routines? |
|-------------------------------------|---|---------------------|---|-------------------------------|--|
| 1. | | | | | |
| 2. | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| | | | | | |
| 3. | | | | | |

Replacement Behaviors Targeted in Tier 3 Behavior Intervention Plan

Instructions: List those replacement behaviors targeted in the Tier 3 Behavior Support Plan. Indicate the frequency, appropriateness of use, and the child's independence in using the replacement behavior(s) now as ***compared to prior to the Tier 3 Behavior Support***.

| Replacement Behavior | Frequency of Use (mark one) | Appropriateness of use (mark one) | Independence of use (mark one) |
|----------------------|---|--|---|
| 1. | <input type="radio"/> Uses More <input type="radio"/> No Change <input type="radio"/> Uses Less | <input type="radio"/> Appropriate Use <input type="radio"/> Inappropriate Use | <input type="radio"/> More Independent <input type="radio"/> No Change <input type="radio"/> Less Independent |
| 2. | <input type="radio"/> Uses More <input type="radio"/> No Change <input type="radio"/> Uses Less | <input type="radio"/> Appropriate Use <input type="radio"/> Inappropriate Use | <input type="radio"/> More Independent <input type="radio"/> No Change <input type="radio"/> Less Independent |
| 3. | <input type="radio"/> Uses More <input type="radio"/> No Change <input type="radio"/> Uses Less | <input type="radio"/> Appropriate Use <input type="radio"/> Inappropriate Use | <input type="radio"/> More Independent <input type="radio"/> No Change <input type="radio"/> Less Independent |

Strategies Implemented to Teach Replacement Behaviors Targeted in Tier 3 Behavior Intervention Plan

Instructions: Consider any strategies implemented to support the child in learning and using the replacement behaviors listed above. Please record these behaviors and the strategies used for each in the first two columns below. Using the rating scale below [Not at all (1) to A great deal (5)] please rate how well you think each strategy worked, how comfortable you were with the strategy, how consistently you think it was used, and the degree to which the approach interfered with this student's typical routines.

Rating Scale

| | | | | |
|-----------------|---|---------------|---|-------------------|
| Not at All 1 | 2 | Somewhat 3 | 4 | A Great Deal 5 |
|-----------------|---|---------------|---|-------------------|

| Replacement Behaviors | Strategies Used to Support Child (Please list) | How Well it Worked? | How Comfortable Were You with the Strategy? | How Consistently was it Used? | How much did it interfere with routines? |
|-----------------------|--|---------------------|---|-------------------------------|--|
| 1. | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| 2. | | | | | |
| 3. | | | | | |