## Behaviour Intervention/ Mental Illness
### Instructional Support Planning Process

**Student’s Name ________________________________**

**Grade __________________**

**School ________________________________**

**DOB __________________**

**Date __________________**

<table>
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<tr>
<th>DOMAIN</th>
<th>STRENGTHS</th>
<th>NEEDS</th>
<th>A</th>
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<td>SOCIAL/EMOTIONAL FUNCTIONING</td>
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<td>COMMUNICATION</td>
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<td>SELF DETERMINATION/INDEPENDENCE</td>
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<td>ACADEMIC/INTELLECTUAL</td>
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*Team Decision: N/A = No impairment of functionality, A = Mild impairment of functionality; B = Moderate impairment of functionality; C = Complex and/or intense impairment of functionality.*

Goals Developed to Address Needs Identified Above:

Objectives and Strategies to Address Goals Developed: (What interventions/services/strategies can maximize functioning?)

Data Sources to Monitor Outcome/s and Goal Achievement: (What are the outcomes? How useful were the interventions? How can the goals/strategies/services be improved for better outcomes?)

Review Date:
### Description of Domain & Typical Sources of Information

#### A (Mild)
- Adapting and coping behaviours to function in a variety of social/community situations. Functional social and emotional behaviour that supports learning.
- Social and emotional functioning:
  - impulse control
  - mood disorders
  - anxiety
  - appropriate reciprocal social behaviour
  - ability to make appropriate social choices
  - setting realistic social goals
  - sexual awareness and appropriate expression
  - turn taking and sharing of materials, equipment and time
- difficulties with routine changes
- depression

#### B (Moderate)
- Student exhibits mild functional problems occasionally and intermittently
- Some difficulties with impulse control
- Some difficulties with anger control
- Some difficulties with routine changes/transitions
- Occasional atypical social behaviour (shouting, vocalizing, intruding, negative self talk)
- Occasionally fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.)
- May need some structured behaviour intervention techniques/procedures (e.g., token economy, checklists, response cost, quiet time, etc.)
- Attempts to socialize; has few friends
- Experiences minor levels of compulsive thought, anxiety, worry, or difficult fears
- Some problems with anger when frustrated or confused
- Does not readily accept praise/reinforcement
- Occasional inappropriate sexual comments, innuendo, looking
- Tends to interact/play with children much younger/much older
- May use verbal aggression (words, volume, tone) to respond to conflict
- Occasionally displays overtly structured routines, obsessions, repetitive or ritualized behaviours
- May use physical aggression (hits, punches, kicks – or threatens to)
- May attempt to cajole or intimidate others into participation in antisocial or inappropriate behaviours
- Some difficulties with or obsessions about rituals/routines

#### C (Complex)
- Student exhibits moderate functional problems not necessarily in every setting or at all times
- Ongoing moderate problems with impulse control
- Ongoing moderate problems with anger control
- Regular difficulties with routine changes and transitions
- Regular atypical social behaviours (shouting, vocalizing, intruding, fantasy play)
- Fails to respond to mild behavioural intervention (redirection, verbal correction, proximity, etc.)
- Needs fairly complex behaviour intervention plans/techniques that are closely monitored and enforced
- Frequent difficulty relating to peers; atypical play
- Experiences moderate levels of compulsive thought, anxiety, worry, or difficult fears
- Becomes angry when frustrated or confused
- Does not respond appropriately to praise/reinforcement
- Often displays inappropriate sexualized behaviour/comments,leering, inappropriate sexual language or touching, dress
- Often uses verbal aggression (words, volume, tone) to respond to conflict
- Occasionally physically aggressive (hits, pinches, kicks – or threatens to)
- Strong tendency toward self isolation
- Frequent displays of overtly structured routines, obsessions, repetitive or ritualized behaviours
- Often interacts/plays with children who are much younger/older
- Occasionally cajoles or intimidates others into participation in antisocial or inappropriate behaviours
- Ongoing/moderate difficulties with obsessions about routines/rituals
- Exhibits severe negative over-reactions to praise
- Exclusively interacts/plays with children much older/younger
- Frequently displays high risk sexualized behaviour (comments, inappropriate sexual language or contact, dress)
- Severe and sustained difficulties with and/or obsession about individual routines
- High frequency use of verbal aggression (word, volume, tone) to respond to conflict
- Frequent physical aggression (hits, pinches, kicks, or threatens to)
- Frequently cajoles or intimidates others into participation in antisocial or inappropriate behaviours

#### Possible Sources of Information
- File review
- Functional Behaviour Analysis
- Vineland-Maladaptive Scale
- Behavior Assessment System for Children
- Achenbach Scales
- Connor’s Rating Scale
- Scales of Independent Behavior Revised
  - Maladaptive
  - Behavior Specialist assessment
  - Physician/Child Psychiatrist
  - Medication review
  - Child & Youth Mental Health Assessment

### Examples of Supports

#### A (Mild)
- Some structuring of class routines (transition cueing, re-direction, token economies, quiet time, etc.)
- Use of peerbuddy system to model social/emotional behaviours
- Use of small group activities to minimize distractions and simplify social/emotional interactions
- Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)

#### B (Moderate)
- Consistent and structured class routines
- Frequent staff intervention to manage behaviour
- Direct interventions required to prevent or stop class disruption
- Very explicit behaviour intervention techniques
- Specialized behavioural/counselling supports
- Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)

#### C (Complex)
- Intensive individualized programming
- Use of planned physical restraint.
- Use of supervised time-out procedures (removal from classroom environment)
- Unique and highly structured behavioural programming
- All social situations require mediation
- Safety planning
- Ongoing psychiatric care
- Ongoing interagency involvement
- Promote the development of positive attachments to adults/peers (important to all students at all levels of functioning)
### DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
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<td>Receptive &amp; Expressive Communication. Understanding and using spoken language as a tool for communication.</td>
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- Understanding body language (gestures, visual signs, facial expressions, etc.)
- Pragmatic language: active listening, following social rules, initiating and responding to communication
- Volume, tone and voice quality appropriate
- Understanding non-literal language (metaphor, simile, jokes, etc.)
- Responding to communication
- Initiating and/or sustaining communication

#### POSSIBLE SOURCES OF INFORMATION

- File review
- Speech-Language Pathology assessment
- Augmentative Communication Specialist assessment
- Behavioural Specialist Assessment
- Adaptive Testing:
  - Vineland Adaptive Behavior Scales
  - Scales of Independent Behavior Revised SIB-R
  - Supports Intensity Scale (SIS)
- Psycho-educational testing
- Medical evaluation
- Audiological evaluation
- Visual evaluation
- Other

### The student’s level of functioning

<table>
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<tr>
<th>A (MILD)</th>
<th>B (MODERATE)</th>
<th>C (COMPLEX)</th>
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<td>Student exhibits mild functional problems occasionally and intermittently</td>
<td>Student exhibits moderate functional problems not necessarily in every setting or at all times</td>
<td>Significant functional problems occur across multiple settings</td>
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- May need prompting/cueing to attend to conversations/class discussions
- May ignore speaker/interrupts
- May need to be spoken to more slowly
- Some difficulty understanding verbal instructions – may need clarification/restatement
- Some difficulty interpreting and responding to normal non-verbal behaviours and cues from others
- Some difficulty with the appropriate use of non-verbal behaviours and cues from others
- Can speak or communicate using alternative communication to express ideas, thoughts and needs
- Some difficulty following multi-step instructions
- May have difficulty communicating needs in most environments
- Language may be simple (telegraphic, echolalic, stereotypic) but still communicates needs
- Takes things literally
- Tends to use fabrication and/or embellishment

- Needs regular verbal and/or non-verbal cueing to attend to instructions and discussions
- May also need simple gestures to enhance understanding of verbal communication
- Has difficulty understanding instructions
- Frequent difficulty interpreting and responding to normal non-verbal behaviours and cues from others
- Frequent difficulty with the appropriate use of non-verbal behaviours and cues from others
- Alternative or systematized methods of communication may be required
- May need multi-step instructions broken down
- Misunderstands complex sentences, language (e.g. humour, metaphor, simile, inference)
- Difficulty following topic, watching speaker
- Occasionally ignores people speaking to him/her
- Occasionally has difficulty communicating needs in most environments
- Language may be simple but has difficulty communicating needs

- Constant verbal and/or non-verbal cueing to attend to instructions and discussions
- Concrete visual supports may be also be needed (e.g., pic symbols, pictures, gestural signs)
- Communicates basic needs and wants only with supports and prompts – includes absence of spoken language
- May become socially withdrawn and/or becomes agitated or aggressive when not easily understood
- Tactile defensive
- Frequently ignores people speaking to him/her
- Requires assistance or is dependent on assistance in understanding instructions
- Frequently has difficulty communicating needs in most environments
- Cannot communicate needs. Verbalizations may be highly stereotyped, echolalic, perseverative

### Examples of Supports

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| Use of verbal/nonverbal cues to gain attention
| Some simplification of verbal instructions
| Monitoring understanding/compliance to instructions
| SLP consultation/support
| Preferential seating
| Use of peer coach/buddy system
| Some case management

| Integrated case management
| Instructional prompts, cues and signs
| Structured facilitated conversations
| Use of alternate forms of communication (visual cues, signs, pictograms, etc.)
| Verbal communication may need to be simplified (ie. presented in stages, delivered at a slower pace)

| Extensive integrated case management
| Constant, direct, structured supports
| Systematized communications strategies
| Extensive individualized support
| Safety planning
### Description of Domain & Possible Sources of Information

**Independence to access the larger social community. Ability to meet and respond to demands of daily life.**

**Exercising appropriate choices.**

- Acting independently, making individual and appropriate choices without undue external influence
- Having appropriate daily living skills, including safety-related behaviours
- Ability to use private and public transport, access public places and services (shopping, restaurants, parks, recreation facilities)
- Ability to make appropriate personal choices socially
- Setting realistic personal goals
- Ability to solve social problems
- Sexuality awareness and appropriate expression

### Possible Sources of Information

- File review
- Vineland Adaptive Behavior Scales
- Scales of Independent Behavior Revised SIB-R
- Supports Intensity Scale (SIS)
- Other

### Self Determination/Independence

#### A (Mild)

- Student exhibits mild functional problems occasionally and intermittently

- **Questions:**
  - Has most of the required skill sets for functioning independently and may follow most routines and transitions
  - May function independently in the school environment most of the time; may need some mild staff intervention
  - Interacts with peers; may need some mild social re-direction
  - Some lack of care for personal hygiene, disinterest in grooming/clothing
  - Occasional reminders to engage learning and/or leisure activities
  - Needs some adult mediation/direction
  - May require assistance with some activities during transitioning
  - Some problems with social problem solving
  - May require some reminders about the needs of others
  - May make sexually related comments or engage in inappropriate behaviour with sexual overtones
  - May demonstrate some difficulties with impulse control
  - May have difficulty understanding the feelings and rights of others.
  - Disappointed with self

- **Possible Supports:**
  - Occasional reminders and prompts
  - Peer coaching/buddy system for social modeling

#### B (Moderate)

- Student exhibits moderate functional problems not necessarily in every setting or at all times

- **Questions:**
  - Occasionally follows some but not all routines
  - Needs occasional direction/prompts around social skills/interactions with peers and adults
  - Will occasionally initiate tasks and activities but may require support to complete
  - Disinterested in persona; grooming/hygiene
  - Some inappropriate sexual behaviours/comments
  - Needs guidance to engage in learning or leisure activities
  - Sometimes demonstrates poor impulse control
  - Needs regular reminders about the needs of others
  - Needs frequent adult mediation/direction
  - Requires assistance frequently during transitioning
  - Frequent problems with social problem solving
  - May occasionally demonstrate difficulties with impulse control
  - Careless of feelings or rights of others (destruction of property, vandalism, stealing)
  - Often personally discouraged

- **Possible Supports:**
  - Integrated case management
  - Frequent supervision
  - Social skills training
  - Some behaviour intervention regarding social behaviour
  - Direct life-skills instruction
  - Structured peer coaching

#### C (Complex)

- Significant functional problems occur across multiple settings

- **Questions:**
  - Frequently does not follow school/class routines
  - Little desire to achieve independence
  - Requires special program support planning
  - Needs frequent direction/prompts around social skills/interactions with peers and adults
  - Sexual behaviour may be overt, repetitive and significantly interfere with social functioning
  - Drug use may be overt, repetitive and significantly interfere with functioning
  - Frequently demonstrates poor impulse control
  - Unaware of interpersonal and/or physical danger
  - No regard for the feelings or rights of others
  - Behaviour dangerous to self and/or others
  - Needs constant support to engage in learning or leisure activities – few leisure interests or skills
  - Constant reminders/unable to understand the feelings of others
  - No regard for personal hygiene
  - Disappointed with self

- **Possible Supports:**
  - Intensive, integrated case management
  - Consistent, direct adult supervision
  - Safety planning
  - Time-out/physical interventions plans
  - Functional life-skills planning
  - Referral into community resources and programs

### Examples of Supports

- Integrated case management
- Frequent supervision
- Social skills training
- Some behaviour intervention regarding social behaviour
- Direct life-skills instruction
- Structured peer coaching
- Consistent, direct adult supervision
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- Time-out/physical interventions plans
- Functional life-skills planning
- Referral into community resources and programs
### DESCRIPTION OF DOMAIN & POSSIBLE SOURCES OF INFORMATION

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<th>B (MODERATE)</th>
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<td>Includes academics (reading, writing, spelling, mathematics, etc.), Thinking, reasoning skills and problem solving. Ability to generalize learning.</td>
<td>- Reading - decoding, sight-word vocabulary, phonemic awareness, comprehension</td>
<td>- Student needs adaptations to the curriculum</td>
<td>- Student needs a modified curriculum</td>
</tr>
<tr>
<td>- Writing - printing, cursive, spelling</td>
<td>- Difficulty acquiring new information, making connections and generalizing</td>
<td>- Moderate difficulties attending to instruction and learning activities</td>
<td>- Significant skills gaps due to inconsistencies in attendance</td>
</tr>
<tr>
<td>- Mathematics – calculation (paper and non-paper), estimation, measurement, use of calculator, problem solving</td>
<td>- Minor difficulties attending to instruction and learning activities</td>
<td>- Frequent problems learning new material and making connections to prior learning</td>
<td>- Extreme problems learning new material</td>
</tr>
<tr>
<td>- Application of reading, writing and arithmetic to other subject areas</td>
<td>- Struggles to regularly complete tasks and assignments</td>
<td>- Often fails to complete tasks and assignments</td>
<td>- Rarely completes tasks and assignments</td>
</tr>
<tr>
<td>- Ability to analyze new information, integrate information, generalize learning to new situations</td>
<td>- May avoid learning; requires additional encouragement to engage</td>
<td>- Modest difficulty with multi-step complex tasks</td>
<td>- Extreme difficulties attending to instruction and learning activities</td>
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<tr>
<td>- Reading - decoding, sight-word vocabulary, phonemic awareness, comprehension</td>
<td>- Minor difficulties with multi-step or complex tasks</td>
<td>- Some subject areas may be adapted, other areas may be modified</td>
<td>- Great difficulty acquiring and generalizing new information</td>
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<td>- Writing – printing, cursive, spelling</td>
<td>- Skills/abilities appear evenly developed across all academic subject areas</td>
<td>- Has few learning strategies</td>
<td>- Significant discrepancies between academic subject areas</td>
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<td>- Mathematics – calculation (paper and non-paper), estimation, measurement, use of calculator, problem solving</td>
<td>- Mild difficulty with problem-solving, especially when dealing with abstractions</td>
<td>- Academic needs require moderate educational support</td>
<td>- Significant lack of learning strategies</td>
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<td>- Application of reading, writing and arithmetic to other subject areas</td>
<td>- Inconsistent use of learning strategies</td>
<td>- Moderate difficulty with problem solving especially when dealing with abstractions</td>
<td>- Not engaged in learning process (e.g. may be a non-attender)</td>
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<td>- Ability to analyze new information, integrate information, generalize learning to new situations</td>
<td>- Minor difficulty generalizing</td>
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<td>- Reading - decoding, sight-word vocabulary, phonemic awareness, comprehension</td>
<td>- Some difficulty with short and/or long term memory</td>
<td>- Moderate difficulty with short and/or long term memory</td>
<td>- Academic needs require extensive educational support</td>
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### POSSIBLE SOURCES OF INFORMATION
- File review
- Level B academic assessment
- Level C psycho-educational Assessment
- Test of Nonverbal Intelligence-2
- Curriculum-Based Assessment
- Other

### Examples of Supports

- Some case management
- Some adaptation and/or modification of curriculum
- Smaller group instruction and/or individualized instruction intermittently throughout the year

- Integrated case management required
- Significant modification of learning expectations
- Use of modified/adapted curriculum
- Structured feedback to give maximum praise/reinforcement for progress on individualized program
- High levels of practice and repetition (mastery learning) of functional curriculum

- Extensive integrated case management
- Functional life-skills curriculum
- Skill development for independent living
- Individualization of learning outcomes, goals and objectives
- Adaptations and modifications are complex and highly individualized

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**Note:**
- **A (MILD):** Student exhibits mild functional problems occasionally and intermittently
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