

The Parent Daily Report Checklist

During the initial session review each behavior; indicate which, if any, have been problems for the child. The project representative will record those behaviors on the Initial Session column. The project representative will set up a regular schedule for telephone calls 2 times per week for a total of 10 phone contacts. During those phone contacts review the entire list of behaviors, indicating which, if any, of the events actually occurred in the previous **24 hours**. Do not provide frequencies, only occurrence or non-occurrence.

Aggressiveness – Inappropriate physical contact, e.g. biting, spitting, kicking, etc.

Arguing – Verbal exchange/Expressing disagreement repeatedly

Bedwetting

Competitiveness – Attempting to outdo or one-up others

Complaining – Speaking negatively or with a negative tone of voice

Crying

Defiance

Destructiveness – Attempting to or succeeding in harming or destroying objects

Fearfulness – Out of the ordinary or inappropriate fear for the child's age and situation

Fighting w/sibs – Physical and/or verbal fighting with siblings

Fire setting - Attempting to or succeeding in setting fire

Hitting others

Hyperactiveness – Inappropriately excessive activity given the child's age and situation, e.g.

constant movement, fidgeting, squirming, excessive talking, inappropriate running, jumping or climbing, etc.

Irritableness – Showing evidence of being grumpy, touchy or having a short fuse

Lying – Including suspected and/or substantiated lies

Negativism – Making disparaging comments, the glass is ½ empty

Noisiness

Noncomplying

Not eating meals

Pants wetting

Pouting – Arms crossed, head down, rolling eyes, etc.

Running around – Not sitting still, out of seat, running in inappropriate situations

Running away - Running away from home

Sadness – Showing evidence of feeling down, e.g. frowning, expressing hopelessness, etc.

Soiling pants

Stealing - Including suspected and/or substantiated stealing

Talking back – adult

Teasing – Verbal or nonverbal annoying actions, e.g. mocking, poking, talking down, etc.

Temper tantrum – Combined negative behaviors

Whining

Yelling - Using high volume and intensity of voice

Police contact

School contact - Negative reports from school

Parents spank

The Parent Daily Report Checklist

Parent Name _____

Phone Number _____

Child Name _____

Email Address _____

During the initial session read each behavior, ask the parent to indicate which, if any, have been problems for his/her particular child. Record those behaviors on the Initial Session column. Set up a regular schedule to telephone the parent 2 times per week for a total of 10 phone contacts. During those phone contacts review the entire list of behaviors with the parent, indicating which, if any, of the events actually occurred in the previous 24 hours. The parent is not asked to provide frequencies, only occurrence or non-occurrence.

Pre-Intervention Reports

Initial Session	Pre-Intervention	Pre-Intervention	Pre-Intervention	Pre-Intervention
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness
<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness
<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining
<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying
<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance
<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness
<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness
<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs
<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others
<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness
<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness
<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying
<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism
<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness
<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying
<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals
<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting
<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting
<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around
<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away
<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness
<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling
<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing
<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult
<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing
<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum
<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining
<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling
<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact
<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact
<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank

Post-Intervention Reports

<u>Post-Intervention</u>	<u>Post-Intervention</u>	<u>Post-Intervention</u>	<u>Post-Intervention</u>	<u>Post-Intervention</u>	<u>Post-Intervention</u>
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness
<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness
<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining
<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying
<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance
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<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness
<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs
<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others
<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness
<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness
<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying
<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism
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<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals
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<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting
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<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away
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<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling
<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing
<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult
<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing
<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum
<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining
<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling
<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact
<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact
<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank

The Parent Daily Report Checklist

Parent Name: Diane

Phone Number: 890-5817

Child Name: Eric

Email Address: Diane@hotmail.com

During the initial session read each behavior, ask the parent to indicate which, if any, have been problems for his/her particular child. Record those behaviors on the Initial Session column. Set up a regular schedule to telephone the parent 2 times per week for a total of 10 phone contacts. During those phone contacts review the entire list of behaviors with the parent, indicating which, if any, of the events actually occurred in the previous 24 hours. The parent is not asked to provide frequencies, only occurrence or non-occurrence.

Pre-Intervention Reports

<u>Initial Session</u>	<u>Pre-Intervention</u>	<u>Pre-Intervention</u>	<u>Pre-Intervention</u>	<u>Pre-Intervention</u>
Date: <u>12/29/07</u>	Date: <u>1/2/07</u>	Date: <u>1/4/07</u>	Date: <u>1/6/07</u>	Date: <u>1/8/07</u>
<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness	<input type="checkbox"/> Aggressiveness
<input checked="" type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting
<input checked="" type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness
<input checked="" type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining
<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input checked="" type="checkbox"/> Crying	<input type="checkbox"/> Crying
<input checked="" type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input checked="" type="checkbox"/> Defiance
<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness
<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness
<input checked="" type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs	<input type="checkbox"/> Fighting w/sibs
<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others
<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input checked="" type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness
<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness
<input checked="" type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input checked="" type="checkbox"/> Lying	<input checked="" type="checkbox"/> Lying	<input type="checkbox"/> Lying
<input checked="" type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism
<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input checked="" type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness
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<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting
<input checked="" type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input checked="" type="checkbox"/> Pouting
<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input checked="" type="checkbox"/> Running around	<input type="checkbox"/> Running around
<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away
<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness
<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling
<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing
<input checked="" type="checkbox"/> Talking back – adult	<input checked="" type="checkbox"/> Talking back – adult	<input checked="" type="checkbox"/> Talking back – adult	<input checked="" type="checkbox"/> Talking back – adult	<input checked="" type="checkbox"/> Talking back – adult
<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing
<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum
<input checked="" type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input checked="" type="checkbox"/> Whining	<input type="checkbox"/> Whining
<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input checked="" type="checkbox"/> Yelling	<input type="checkbox"/> Yelling
<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact
<input checked="" type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact
<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank

Post-Intervention Reports

<u>Post-Intervention</u> Date: <u>1/9/07</u>	<u>Post-Intervention</u> Date: <u>1/11/07</u>	<u>Post-Intervention</u> Date: <u>1/13/07</u>	<u>Post-Intervention</u> Date: <u>1/15/07</u>	<u>Post-Intervention</u> Date: <u>1/17/07</u>	<u>Post-Intervention</u> Date: <u>1/19/07</u>
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<input checked="" type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing	<input type="checkbox"/> Arguing
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input checked="" type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness	<input type="checkbox"/> Competitiveness
<input checked="" type="checkbox"/> Complaining	<input checked="" type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining	<input type="checkbox"/> Complaining
<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying	<input type="checkbox"/> Crying
<input checked="" type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance	<input type="checkbox"/> Defiance
<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Destructiveness
<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Fearfulness
<input checked="" type="checkbox"/> Fighting w/sibs	<input checked="" type="checkbox"/> Fighting w/sibs	<input checked="" type="checkbox"/> Fighting w/sibs	<input checked="" type="checkbox"/> Fighting w/sibs	<input checked="" type="checkbox"/> Fighting w/sibs	<input checked="" type="checkbox"/> Fighting w/sibs
<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others	<input type="checkbox"/> Hitting others
<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness	<input type="checkbox"/> Hyperactiveness
<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness	<input type="checkbox"/> Irritableness
<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input checked="" type="checkbox"/> Lying	<input type="checkbox"/> Lying	<input type="checkbox"/> Lying
<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism	<input type="checkbox"/> Negativism
<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness	<input type="checkbox"/> Noisiness
<input checked="" type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying	<input type="checkbox"/> Noncomplying
<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals	<input type="checkbox"/> Not eating meals
<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting	<input type="checkbox"/> Pants wetting
<input checked="" type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input type="checkbox"/> Pouting	<input checked="" type="checkbox"/> Pouting	<input type="checkbox"/> Pouting
<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around	<input type="checkbox"/> Running around
<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away	<input type="checkbox"/> Running away
<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness	<input type="checkbox"/> Sadness
<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling	<input type="checkbox"/> Soiling
<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing	<input type="checkbox"/> Stealing
<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult	<input type="checkbox"/> Talking back – adult
<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input checked="" type="checkbox"/> Teasing	<input type="checkbox"/> Teasing	<input type="checkbox"/> Teasing
<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum	<input type="checkbox"/> Temper tantrum
<input checked="" type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining	<input type="checkbox"/> Whining
<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling	<input type="checkbox"/> Yelling
<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact	<input type="checkbox"/> Police contact
<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact	<input type="checkbox"/> School contact
<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank	<input type="checkbox"/> Parents spank

PERFORMANCE SCALE FOR _____

Home _____ School _____
Pre-Plan _____ Post-Plan _____

Date: _____ Due Date: _____

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: _____

Goal: _____

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome
3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition:

1 = _____ 2 = _____ 3 = _____ 4 = _____ 5 = _____

Day 1/Date: _____

1 2 3 4 5

Day 2/Date: _____

1 2 3 4 5

Day 3/Date: _____

1 2 3 4 5

Day 4/Date: _____

1 2 3 4 5

Day 5/Date: _____

1 2 3 4 5

Day 6/Date: _____

1 2 3 4 5

Day 7/Date: _____

1 2 3 4 5

PERFORMANCE SCALE FOR Eric

Home X School _____
Pre-Plan X Post-Plan _____

Date: 1/2/07

Due Date: 1/9/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will initiate 3 evening tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome
3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of bedtime tasks (brush teeth, take bath, put on PJ's, put clothes in laundry basket) completed with only 1 reminder
1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/2/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 2/Date: Tuesday 1/3/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 3/Date: Wednesday 1/4/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 4/Date: Thursday 1/5/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 5/Date: Friday 1/6/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 6/Date: Saturday 1/7/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Day 7/Date: Sunday 1/8/07

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

PERFORMANCE SCALE FOR Eric

Home X

School _____

Pre-Plan _____

Post-Plan X

Date: 1/9/07

Due Date: 1/23/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will initiate 3 evening tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome
3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of bedtime tasks (brush teeth, take bath, put on PJ's, put clothes in laundry basket) completed with only 1 reminder

1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/9/07

1 2 3 4 5

Day 2/Date: Tuesday 1/10/07

1 2 3 4 5

Day 3/Date: Wednesday 1/11/07

1 2 3 4 5

Day 4/Date: Thursday 1/12/07

1 2 3 4 5

Day 5/Date: Friday 1/13/07

1 2 3 4 5

Day 6/Date: Saturday 1/14/07

1 2 3 4 5

Day 7/Date: Sunday 1/15/07

1 2 3 4 5

PERFORMANCE SCALE FOR Eric

Home X School _____
Pre-Plan _____ Post-Plan X

Date: 1/9/07

Due Date: 1/23/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will initiate 3 evening tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome
3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of bedtime tasks (brush teeth, take bath, put on PJ's, put clothes in laundry basket) completed with only 1 reminder

1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/16/07

1 2 3 4 5

Day 2/Date: Tuesday 1/17/07

1 2 3 4 5

Day 3/Date: Wednesday 1/18/07

1 2 3 4 5

Day 4/Date: Thursday 1/19/07

1 2 3 4 5

Day 5/Date: Friday 1/20/07

1 2 3 4 5

Day 6/Date: Saturday 1/21/07

1 2 3 4 5

Day 7/Date: Sunday 1/22/07

1 2 3 4 5

PERFORMANCE SCALE FOR Eric

Home _____ School X
Pre-Plan X Post-Plan _____

Date: 1/2/07

Due Date: 1/9/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will initiate 3 math tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome
3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of math tasks completed with only 1 reminder
1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/2/07

1 2 3 4 5

Day 2/Date: Tuesday 1/3/07

1 2 3 4 5

Day 3/Date: Wednesday 1/4/07

1 2 3 4 5

Day 4/Date: Thursday 1/5/07

1 2 3 4 5

Day 5/Date: Friday 1/6/07

1 2 3 4 5

Day 6/Date:

1 2 3 4 5

Day 7/Date:

1 2 3 4 5

PERFORMANCE SCALE FOR Eric

Home _____

School X

Pre-Plan _____

Post-Plan X

Date: 1/9/07

Due Date: 1/23/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will complete 3 math tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome

3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of math tasks completed with only 1 reminder

1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/9/07

1 2 3 4 5

Day 2/Date: Tuesday 1/10/07

1 2 3 4 5

Day 3/Date: Wednesday 1/11/07

1 2 3 4 5

Day 4/Date: Thursday 1/12/07

1 2 3 4 5

Day 5/Date: Friday 1/13/07

1 2 3 4 5

Day 6/Date:

1 2 3 4 5

Day 7/Date:

1 2 3 4 5

PERFORMANCE SCALE FOR Eric

Home _____ School X

Pre-Plan _____ Post-Plan X

Date: 1/16/07

Due Date: 1/23/07

Instruction: Write the agreed upon target behavior and goal in the space provided. Decide on the appropriate scoring for each point value on the rating scale and enter into blank spaces on the next page. Circle a point value (1-5) that corresponds to the occurrence of the target behavior daily. Record the daily rating onto the graph to monitor progress over time.

Target Behavior: Following directions - Eric begins task within 10 seconds of being asked

Goal: Eric will complete 3 math tasks within 10 seconds

Scoring Levels: 1 = Worst Possible Outcome 2 = Worse than Normal Outcome

3 = Typical Outcome 4 = Better than Normal Outcome 5 = Best Possible Outcome

Scoring Definition: The number of math tasks completed with only 1 reminder

1 = 0 tasks 2 = 1 task 3 = 2 tasks 4 = 3 tasks 5 = 4 tasks

Day 1/Date: Monday 1/16/07

1 2 3 4 5

Day 2/Date: Tuesday 1/17/07

1 2 3 4 5

Day 3/Date: Wednesday 1/18/07

1 2 3 4 5

Day 4/Date: Thursday 1/19/07

1 2 3 4 5

Day 5/Date: Friday 1/20/07

1 2 3 4 5

Day 6/Date:

1 2 3 4 5

Day 7/Date:

1 2 3 4 5

Conjoint Behavioral Consultation in the Early Grades Plan Summary Form

Child's Name _____

Home _____ School _____ Date: _____

Y = Yes (the step was completed as planned)

Ab = Absent child or absent adult (out of room, on vacation, weekend, change in schedule, illness etc.)

NCC = Step not completed by child (the child did not perform required behavior, e.g. the child did not meet goal or the child did not display inappropriate behavior)

NCA = Step not performed or completed by adult (child was present but adult did not observe the child or did not complete the step completely or accurately)

Plan Steps:

	M	T	W	R	F	S	Sun
1.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
2.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
3.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
4.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
5.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
6.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
7.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
8. Completed Performance Rating Scale							
9. Turn in these items to the consultant:							
Special Notes:							

Conjoint Behavioral Consultation in the Early Grades

Plan Summary Form for ERIC

Home _____ School X Date: 1/16/07

Y = Yes (the step was completed as planned)

Ab = Absent child or absent adult (out of room, on vacation, weekend, change in schedule, illness etc.)

NCC = Step not completed by child (the child did not perform required behavior, e.g. the child did not meet goal or the child did not display inappropriate behavior)

NCA = Step not performed or completed by adult (child was present but adult did not observe the child or did not complete the step completely or accurately)

Plan Steps:

	M	T	W	R	F	S	Sun
1. Checked occurrence/nonoccurrence of behavior for each listed step. (record steps on job list)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
2. Did not deliver reward when child did not meet goal. (3 out of 4 jobs started within 10 seconds)	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
3. Delivered reward (5 minute break) when child met.	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
4. Complete home-school note (homework note)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
5. Sent note with child (home/school)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
6. Checked note	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
7.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
8.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
9. Completed Performance Rating Scale	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Record Date & Type of Prizes Earned	5 minute break everyday						

Conjoint Behavioral Consultation in the Early Grades

Plan Summary Form for ERIC

Home _____ School X Date: 1/23/07

Y = Yes (the step was completed as planned)

Ab = Absent child or absent adult (out of room, on vacation, weekend, change in schedule, illness etc.)

NCC = Step not completed by child (the child did not perform required behavior, e.g. the child did not meet goal or the child did not display inappropriate behavior)

NCA = Step not performed or completed by adult (child was present but adult did not observe the child or did not complete the step completely or accurately)

Plan Steps:

	M	T	W	R	F	S	Sun
1. Checked occurrence/nonoccurrence of behavior for each listed step. (record steps on job list)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
2. Did not deliver reward when child did not meet goal. (3 out of 4 jobs started within 10 seconds)	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab NCC NCA	Y Ab NCC NCA
3. Delivered reward (5 minute break) when child met.	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
4. Complete home-school note (homework note)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
5. Sent note with child (home/school)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
6. Checked note	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
7.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
8.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
9. Completed Performance Rating Scale	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. Record Date & Type of Prizes Earned	5 minute break every day						

**Conjoint Behavioral Consultation in the Early Grades
Consultant Observation Form for ERIC**

Home _____ School X Date: 1/10/07 & 1/13/07

Y = Yes (the step was completed as planned)

Ab = Absent child or absent adult (out of room, on vacation, weekend, change in schedule, illness etc.)

NCC = Step not completed by child (the child did not perform required behavior, e.g. the child did not meet goal or the child did not display inappropriate behavior)

NCA = Step not performed or completed by adult (child was present but adult did not observe the child or did not complete the step completely or accurately)

Plan Steps:

	M	T	W	R	F	S	Sun
1. Checked occurrence/nonoccurrence of behavior for each listed step. (record steps on job list)	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
2. Did not deliver reward when child did not meet goal. (3 out of 4 jobs started within 10 seconds)	Y Ab NCC NCA	Y <u>Ab</u> <u>NCC</u> NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab <u>NCC</u> NCA	Y Ab NCC NCA	Y Ab NCC NCA
3. Delivered reward (5 minute break) when child met.	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
4. Complete home-school note (homework note)	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
5. Sent note with child (home/school)	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
6. Checked note	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
7.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
8.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
9. Completed Performance Rating Scale							
10. Record Date & Type of Prizes Earned							

**Conjoint Behavioral Consultation in the Early Grades
Permanent Product Reliability Report for ERIC**

Home X School _____ Date: 1-9-07

Y = Yes (the step was completed as planned)

Ab = Absent child or absent adult (out of room, on vacation, weekend, change in schedule, illness etc.)






NCC = Step not completed by child (the child did not perform required behavior, e.g. the child did not meet goal or the child did not display inappropriate behavior)

NCA = Step not performed or completed by adult (child was present but adult did not observe the child or did not complete the step completely or accurately)

Plan Steps:

	M	T	W	R	F	S	Sun
1. Checked occurrence/nonoccurrence of behavior for each listed step. (record steps on checklist)	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA
2. Did not deliver reward when child did not meet goal.	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	<u>Y</u> Ab NCC NCA
3. Delivered identified reward (TV) when child met goal.	Y Ab <u>NCC</u> NCA	Y Ab <u>NCC</u> NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	Y Ab <u>NCC</u> NCA
4. Complete home-school note (homework note)	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
5. Sent note with child (home/school)	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
6. Checked note	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
7.	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA	Y Ab NCC NCA
8. Completed Performance Rating Scale	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA	<u>Y</u> Ab NCC NCA
9. Turn in these items to the consultant: Bedtime checklist & home/school note							
Special Notes:							

Eric's Bedtime List

	Mon 1-9-07	Tues 1-10-07	Wed 1-11-07	Thurs 1-12-07	Fri 1-13-07	Sat 1-14-07	Sun 1-15-07
Shower 	Needed Reminders	Needed Reminders	Yes	Yes	Yes	Yes	Yes
Put on PJ's 	Needed Reminders	Yes	Yes	Yes	Yes	Yes	Yes
Backpack Ready 	Needed Reminders	Needed Reminders	Needed Reminders	Needed Reminders	Needed Reminders	Yes	Yes
Brush Teeth 	Needed Reminders	Yes	Yes	Yes	Yes	Needed Reminders	Needed Reminders
Reward 	No	No	TV time!	TV time!	TV time!	Extra Story	Extra Story

Eric's Bedtime List






	Mon 1-16-07	Tues 1-17-07	Wed 1-18-07	Thurs 1-19-07	Fri 1-20-07	Sat 1-21-07	Sun 1-22-07
Shower 	Needed Reminders	Needed Reminders	Yes	Yes	Yes	Yes	Yes
Put on PJ's 	Needed Reminders	Yes	Yes	Yes	Yes	Yes	Yes
Backpack Ready 	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Brush Teeth 	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Reward 	No	Extra Story	TV time!	TV time!	TV time!	Extra Story	Extra Story

Table 1

Student Measures

Instrument Type	Instrument Name	Home Environment	School Environment	Behavioral Outcomes	Integrity	Research	Practice
Screener	<i>Systematic Screening for Behavior Disorders (SSBD)</i>		X			X	X
Achievement Assessment	<i>Woodcock Johnson III Tests of Achievement (WJ III ACH)</i> [select sub-tests]		X			X	
Rating Scales	<i>Behavior Assessment System for Children, Second Edition (BASC-2)</i>	X	X	X		X	
	<i>Social Skills Rating System (SSRS)</i>	X	X	X		X	
	<i>Parent Daily Report (PDR)</i>	X		X		X	
	<i>Performance Rating Scale</i>	X	X	X		X	X
	<i>Behavior Rating Scale</i>	X	X	X		X	X
Behavioral Observations	<i>Interval Manager (INTMAN): Electronic behavioral observation software</i>		X	X			X

Table 2

Family Measures

Instrument Type	Instrument Name	Home Environment	School Environment	Behavioral Outcomes	Integrity	Research	Practice
Family-School Involvement and Relationship Measures	<i>Parent-Teacher Relationship Scale-II (PTRS-II)</i>	X	X				X
	<i>Family Involvement Questionnaire (FIQ)</i>	X				X	
Parent Self-Belief Measures	<i>Parent's Role Construction Scale</i>	X				X	
	<i>Parent Efficacy for Helping Children Succeed in School</i>	X				X	
	<i>Parent Participation in Problem Solving (PPPS)</i>	X	X				X
	<i>Alabama Parenting Questionnaire</i>	X				X	
	<i>Parenting Stress Index</i>	X					X
Treatment Acceptability	<i>Behavior Intervention Rating Scale – Revised</i>		X	X		X	
Treatment Integrity	<i>Plan Summary Forms</i>	X			X	X	X
	<i>Plan Summary Forms: Consultant Observation</i>	X			X	X	X
	<i>Plan Summary Forms: Permanent Product</i>	X			X	X	X

Table 3

School Measures

Instrument Type	Instrument Name	Home Environment	School Environment	Behavioral Outcomes	Integrity	Research	Practice
Family-School Relationship and Involvement Measures	<i>Parent-Teacher Relationship Scale-II (PTRS-II)</i>	X	X				X
	<i>Teacher Invitations to Parental Involvement (TIP)</i>		X			X	
Teacher Self-Belief Measures	<i>Teacher Perceptions of Parent Efficacy for Helping Children Succeed in School</i>	X	X			X	
	<i>Teacher Beliefs about Parental Involvement (TBAPIS)</i>		X				X
Treatment Acceptability	<i>Behavior Intervention Rating Scale – Revised</i>		X	X		X	
Treatment Integrity	<i>Plan Summary Forms</i>	X			X	X	X
	<i>Plan Summary Forms: Consultant Observation</i>	X			X	X	X
	<i>Plan Summary Forms: Permanent Product</i>	X			X	X	X