

# APPENDIX

## TKJ Forms

The following forms have been created by TKJ in conjunction with this training manual:

- Form 1: Functional Assessment
- Form 2: Brief Functional Assessment Interview Form
- Form 3: Behavior ABC - (Landscape)
- Form 4: Competing Behavior Pathway
- Form 5: Behavior Support Plan: Sample Plan
- Form 6: Daily Behavior Tracking
- Form 7: Daily Behavior Tracking - (Landscape)
- Form 8: Daily Behavior Duration Tracking
- Form 9: Daily Behavior Duration Tracking - (Landscape)
- Form 10: Behavior Intervention Narrative
- Form 11: Mood Chart
- Form 12: Mood Chart - 2 Day
- Form 13: Mood Chart - 2 Day - (Landscape)
- Form 14: Mood Chart - Month
- Form 15: Mood Chart - Month - (Landscape)
- Form 16: Sleep Log
- Form 17: Sleep Log - (Landscape)
- Form 18: Interval Observation Sheet
- Form 19: How I Feel
- Form 20: How I Acted Today
- Form 21: Intake Information Psychiatric Appointment
- Form 22: Medication History
- Form 23: Medication History - (Landscape)
- Form 24: Doctor's Appointment Summary

**TKJ  
FUNCTIONAL ASSESSMENT  
INTERVIEW  
FORM 1**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Interviewed: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Identify the Strengths of this person:

Identify Interests of this person:

**Description of the Concerning Behavior(s)**

What does this behavior(s) look like:

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How often does this problem(s) occur: \_\_\_\_\_

How long does the problem behavior(s) last: \_\_\_\_\_

How disruptive or dangerous is the problem behavior(s):

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Which of these behaviors above occur at the same time or in a predictable sequence?  
Describe.

Assessment of Antecedents (events and settings):

Complete typical daily schedule for the person and identify typical problem behavior(s) that might occur during this time:

Schedule (Times)	Activity	Likelihood of Problem Behavior(s) During this Time	Typical Problem Behavior(s) That Presents	Who Is Typically Present During this Time of Day
		low                      High 1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		
		1 2 3 4 5 6		

When is the problem behavior(s) most likely to occur? (Time of day and days of the week or month)

What are situations that seem to set off the problem behavior?(missed medication, history of academic failure, conflict at home, missed meals, lack of sleep, history of problem with peers, etc.)

When does the problem behavior most likely occur? (time of day, days of the week)

Setting Events: Are there specific conditions, events, or activities that make the problem behavior worse?(Missed medication, history of academic failure, conflict at home, missed meals, lack of sleep history of problems with peers).

Indicate how the person's problem behavior(s) responds to the following situations:

Event or Setting	Likelihood of Problem behavior(s) During this Time	Comments: What happens after the problem behavior?
Expectations are placed on the person (rules, etc.)	low                      High 1 2 3 4 5 6	
the person gets others to react to him (they cry, correct him, etc)	1 2 3 4 5 6	
the person is given a direction	1 2 3 4 5 6	
the person is expected to complete a task	1 2 3 4 5 6	
the person is corrected by others	1 2 3 4 5 6	
loud and noisy places	1 2 3 4 5 6	
places where there are a lot of people	1 2 3 4 5 6	
lots of noise in the environment	1 2 3 4 5 6	
the person is asked to do a household chore	1 2 3 4 5 6	
others interrupt the person	1 2 3 4 5 6	
the person is alone in their room	1 2 3 4 5 6	
down time / free time	1 2 3 4 5 6	
transitions from one place to another	1 2 3 4 5 6	
transitions from one subject area or task to another	1 2 3 4 5 6	
asked to stop a task to do something else	1 2 3 4 5 6	
the person is out in the community for an activity	1 2 3 4 5 6	
the person is with their peers	1 2 3 4 5 6	
Others:	1 2 3 4 5 6	
	1 2 3 4 5 6	
	1 2 3 4 5 6	
	1 2 3 4 5 6	

What usually happens after the problem behavior(s) occurs? (What is the response to others in the environment; how do they react, what do peers do, what do parents do, what does the person do?)

**Perceived Function of the Behavior(s) (what purpose does the behavior(s) serve for the person?)**

Why do think this person presents the problem behavior(s) \_\_\_\_\_

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**When the problem behavior(s) present, what do you do to that seems to help the person?**

**What approaches do you know do not work when the person is presenting the problem behaviors)?**

**Does the person have any physical or medical conditions:**

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**List Medication the Person Takes:**

Medication	Dosage	Reason

**Historical Information:**

**List Medication the Person Has Taken in the Past**

Medication	Dosage	Response

**Do others in the immediate Family have any of the following conditions:**

Condition	Person / Relationship	Diagnosis:
learning problems		
medical problems		
mental health problems (depression, anxiety, mood disorders, delusions, hallucinations, etc)		

How does the person do in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the person have friends, do they make friends easily? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Revised from Crone & Horner, 2003)

Summarize The Results of the Interview:

Setting Events	Antecedents	Behavior	Consequence

**Hypothesis Statement** (statement of the purpose and function of the problem behavior, setting events and antecedents that increase the probability of the problem behavior, and the response to the problem behavior that maintains the presentation of the behavior):

**TKJ**  
**Brief Functional Assessment Interview Form**  
**Form 2**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Behaviors of Concern:

Antecedent:

Maintaining Function(s):

What makes it worse (Setting Event):

Summary Statement (Define by Routine)

Setting Event →	Predictor →	Problem Behavior→	Maintaining Function

Crone & Horner, 2003 From Building Positive Behavior Support Systems in Schools: Functional Behavioral Assessment





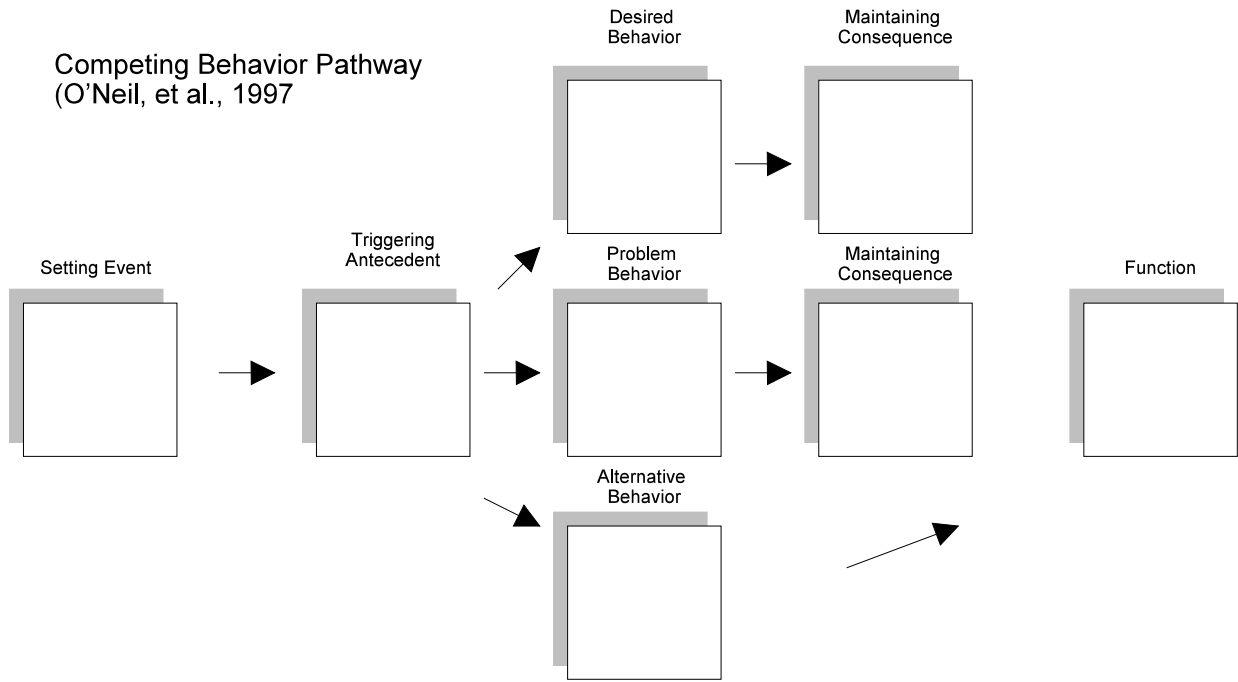
**TKJ  
Behavior ABC  
Form 3**

Name: \_\_\_\_\_ Target Behavior: \_\_\_\_\_

Date / time of the Incident	Describe the Behavior –what did the person do.	Antecedent: who there, where was the person, what were others present doing, what activities were going on during the day, or right before the incident occurred	Consequence: What happened after, what did the person do, what did those present do, How did others try to redirect the person, what techniques did you try to show them this was not a good way to behave?	What do you think the person gets from this behavior?

# TKJ Form 4

Competing Behavior Pathway  
(O'Neil, et al., 1997)



Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies
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**TKJ  
Form 5**

**Sample: Behavior Support Plan**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Rationale (Why does the person needs a BSP):

Target Behavior(s) (description in observable, measurable terms):

Expected Outcomes (baselines, goals):

Desired Behavior (description in observable, measurable terms):

Expected Outcomes (baselines, goals):

Person's Strengths:

Specific Behavior Support Strategies:

Setting Events Interventions:

Antecedent Interventions:

Replacement Behavior Teaching Strategy:

Consequence Intervention:  
Application of Reinforcement:

Crisis Interventions Plan (if applicable):

Data Collection Procedures:

Team Members Responsible for Plan:  
Signatures of Guardians:

TKJ  
Form 6  
**DAILY BEHAVIOR TRACKING**

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Program \_\_\_\_\_

Date	1)		2)		3)		4)		5)	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1										
2										
3										
4										
5										
6										
7										
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31										



Totals					
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TKJ  
Form 7  
**DAILY BEHAVIOR TRACKING**

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Program \_\_\_\_\_

Date	1)		2)		3)		4)		5)	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1										
2										
3										
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29										
30										
31										
Totals										



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**Form 8**

**DAILY BEHAVIOR DURATION TRACKING**

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Program \_\_\_\_\_

Date	1)		2)		3)	
	Time Started	Time Ended	Time Started	Time Ended	Time Started	Time Ended
1						
2						
3						
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30						
31						
Totals						

TKJ  
Form 9

**DAILY BEHAVIOR DURATION TRACKING**

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Program \_\_\_\_\_

Date	1)		2)		3)	
	Time Started	Time Ended	Time Started	Time Ended	Time Started	Time Ended
1						
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Totals			
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**Form 11**  
**MOOD CHART**

Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Mark the daily mood of the person. It is important to assess the mood on a consistent basis using the same criteria.

Criteria \_\_\_\_\_

Date											
1	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
2	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
3	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
4	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
5	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
7	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
8	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
9	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
10	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
11	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
12	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
13	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
14	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
15	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			



16	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
17	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
18	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
19	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
20	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
21	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
22	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
23	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
24	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
25	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
26	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
27	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
28	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
29	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
30	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			
31	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
	Depressed Mood				Even Mood			Elevated Mood			

Notes \_\_\_\_\_

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 Form 12  
**MOOD CHART - 2 Day**

Name \_\_\_\_\_  
 Month/Year \_\_\_\_\_

Rate the typical day according to the desired criteria.

Date:	AM						PM											
	6-7	7-8	8-9	9-10	10-11	11-12	12-1	10-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	
Description of Behavior																		
Baseline: Easy going, okay.																		

Rate the typical day according to the desired criteria.

Date:	AM						PM											
	6-7	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	6-7	
Description of Behavior																		
Baseline: Easy going, okay.																		

TKJ  
**MOOD CHART - 2 Day**  
 Form 13

Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Rate the typical day according to the desired criteria.

Date:	AM						PM											
Description of Behavior	6-7	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	
Baseline: Easy going, okay.																		

Rate the typical day according to the desired criteria.

Date:	AM						PM											
Description of Behavior	6-7	7-8	8-9	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	
Baseline: Easy going, okay.																		

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 Form 14

## MOOD CHART - Month

Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Rate the typical day according to the desired criteria.

Description of Behavior	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Problem Behaviors: Few or None																															
Pleasant																															
Good Mood																															
Great Mood																															

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 Form 15

## MOOD CHART - Month

Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Rate the typical day according to the desired criteria.

Description of Behavior	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Problem Behaviors: Few or None																															
Pleasant																															
Good Mood																															
Great Mood																															

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 2413 Royal Lane  
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 Form 16  
**SLEEP LOG**

Name \_\_\_\_\_

Month \_\_\_\_\_

Numbers 1 through 31 indicate days of month. Indicate in the boxes if the person was awake or sleeping.

**A = Awake S = Sleeping**

Time for Sleeping	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00-10:30																															
10:30-11:00																															
11:00-11:30																															
11:30-12:00																															
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6:00-6:30																															
6:30-7:00																															
7:00-7:30																															
7:30-8:00																															

TKJ  
Form 17  
**SLEEP LOG**

Name \_\_\_\_\_

Month \_\_\_\_\_

Numbers 1 through 31 indicate days of month. Indicate in the boxes if the person was awake or sleeping.

**A = Awake S = Sleeping**

Time for Sleeping	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10:00-10:30																															
10:30-11:00																															
11:00-11:30																															
11:30-12:00																															
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6:00-6:30																															
6:30-7:00																															
7:00-7:30																															
7:30-8:00																															



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Form 18

### INTERVAL OBSERVATION SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_ Observer \_\_\_\_\_

Time Started \_\_\_\_\_ Time Ended \_\_\_\_\_

Target Behavior \_\_\_\_\_

Activity or activities engaged in during observation:

A \_\_\_\_\_ Time \_\_\_\_\_

B \_\_\_\_\_ Time \_\_\_\_\_

C \_\_\_\_\_ Time \_\_\_\_\_

At the end of each 15 second interval, put a + in the box marked P if the behavior occurred anytime during the interval.

P = Person being observed

P																				

P																				

P																				

P																				

P																				

\_\_\_\_\_ % of time the behavior occurred during a \_\_\_\_\_ minute observation.




































































































TKJ  
 2413 Royal Lane  
 Sandy, UT 84093  
 FORM 19

## SELF MONITORING “How I Feel”

Mark three times a day how you feel. . . .

 <b>Happy</b>	 <b>Sad</b>	 <b>Mad</b>
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Month/Year \_\_\_\_\_

Date	Morning	Noon	Night
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  
	  	  	  



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**Form 20**  
**SELF MONITORING - How I Acted Today**

Name \_\_\_\_\_ Target Behavior \_\_\_\_\_

Circle the day that best shows how your behavior was today!

Month \_\_\_\_\_

Day	☺ Great Day	☹ Try Again Day
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹
	☺	☹

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2413 Royal Lane  
Sandy, UT 84093

**FORM 21**

**Intake Information  
Psychiatric Appointment**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date \_\_\_\_\_

1. Reason for making appointment \_\_\_\_\_  
\_\_\_\_\_  
Who referred you to this clinic? \_\_\_\_\_

2. Primary Care Physician (name and address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List the reasons it is felt that this appointment will be beneficial to the person:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current Concerns or Presentation of Challenging Behaviors (list the most challenging behaviors and indicate how often this has been a problem):

Behavior	How Often

5. **Medical History** (List any known medical conditions, hospitalizations, or prior surgeries. List any EEG, CAT Scan, or MRI the person has had and the date. Indicate if any genetic disorder has been diagnosed or any seizures that are present):

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**Psychiatric History** (List any psychiatric evaluations, psychiatric hospitalizations, or psychiatric reports):

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6. List any medications this person has taken in the past for mood or behavior:

Medication Used	Dosage (if known)	Response

7. **Current Medications** (continue on back if necessary):

Medication	Dosage and Time Given	Reason for this Medication

8. At what age did this person meet developmental milestones:

sat up alone \_\_\_\_\_ crawled \_\_\_\_\_ walked \_\_\_\_\_  
said first word \_\_\_\_\_ potty trained \_\_\_\_\_

9. History of Challenging Behaviors (describe any behaviors that have been a problem in the past): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Social History

Where was this person born \_\_\_\_\_

Name of Parents \_\_\_\_\_

Indicate if Parents are:  married  divorced  separated

Indicate if Parent(s) are deceased (check either or both):  Mother  Father

Guardian (list name, address, and phone number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List Parents and Siblings (indicate if there are any medical/psychiatric conditions):

Name - Relationship	Medical/Psychiatric Condition

Do any family members (Parents, Siblings, Grandparents, Aunts, Uncles, Cousins) have any of the following medical problems (circle all that apply):

Hyperactivity  
Anxiety  
Depression

Compulsive Behaviors  
Mood Swings  
Difficulty with Relationships

Aggression  
Self-injurious Behaviors  
Distractability

Other \_\_\_\_\_

Describe the type of school program this person is receiving or did receive when enrolled in school (describe special education help or placement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any traumatic event in the person's life (abuse of any kind, and major events that may have been disruptive): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information considered helpful \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing This Form \_\_\_\_\_

Relationship \_\_\_\_\_



TKJ  
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Sandy, UT 84093

**FORM 22**

**Medication History**

<b>Medication History Form</b>				
Name _____		Date of Birth _____		
<b>Name of Medication</b>	<b>Date Started</b>	<b>Dosage/Time Medication Given</b>	<b>Reason Medication Given</b>	<b>Response to the Medication Date Discontinued and Reason</b>

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**FORM 23**

**Medication History**

**Medication History Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Medication	Date Started	Dosage/Time Medication Given	Reason Medication Given	Response to the Medication Date Discontinued and Reason

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**FORM 24**

**Doctor's Appointment Summary**

Name \_\_\_\_\_ Date \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship \_\_\_\_\_

Reason for Scheduling the Appointment (check all items that apply):

Follow-up Appointment     Specific Concerns     Increase in Concerning Behaviors

Other \_\_\_\_\_

List Current Medications:

Medication	Dosage	Time Medication Given

Describe any improvements you have noted since the last appointment \_\_\_\_\_

\_\_\_\_\_

Describe current presenting behaviors \_\_\_\_\_

\_\_\_\_\_

Describe the person's functional behavior (changes in sleep patterns, eating, elimination patterns, social behaviors): \_\_\_\_\_

\_\_\_\_\_

Describe the person's functioning in school or work place \_\_\_\_\_

\_\_\_\_\_

Describe any changes in the person's life since the last appointment that might be a variable in the presentation of concerning behaviors \_\_\_\_\_

\_\_\_\_\_

List any specific concerns you may have related to this appointment \_\_\_\_\_

\_\_\_\_\_

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