

## Behavioral Support Services Pre-Consult Data Collection

<b>Individual's Name</b>		<b>Individual's DOB</b>	
<b>Support Administrator</b>		<b>Contact Information</b>	
<b>Person collecting data</b>		<b>Contact Information</b>	

*Directions: Fill in information for each target behavior. Number the days of the month in the grey boxes beginning with today's date. The 30 day assessment may span 2 partial months. Indicate the number of times the target behavior occurred on the corresponding day of the month. Complete the Background Information section. Submit this form to the individual's SSA.*

Target Behavior	Where does it happen?	When did it start?	What strategies have been tried?
Dates			
# of occurrences			

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### **BACKGROUND INFORMATION:**

Provide any relevant medical information – medical and/or mental health diagnoses; medications & dosages; recent health changes, etc.

Describe any recent life changes – moving, loss of a loved one, change in routine, etc.

Are these behaviors part of a pattern?

Have any of the behaviors led to a crisis situation? Describe the situation and the team's response. Include recent UI's / MUI's.

Describe how the individual communicates.

Describe the individual's strengths.

Why does the team believe the behaviors are occurring?

What would the team like to see the individual learn to do? What is the desired outcome of behavior support services?