

# ASSISTED INDEPENDENCE, LLC.

www.assistedindependence.care P.O. Box 1683 Columbus, IN 47202 812-374-9450



HIPAA Name: \_\_\_\_\_ CTRS Staff Name (Print): \_\_\_\_\_

Behavior Consultant Name (Print): \_\_\_\_\_

BSP Start Date: \_\_\_\_\_ Date Training Completed: \_\_\_\_\_

Please Identify the person's Diagnosis:

1.	2.	3.
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Please identify Target Behaviors

Please identify Replacement Behaviors

1.	1.
2.	2.
3.	3.
4.	4.

Proactive Strategy

1.	4.
2.	5.
3.	6.

Reactive strategy

1.	4.
2.	5.
3.	6.

What is the function of the individuals' behaviors?

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List of psychotropic medications individual is taking:

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I completed this training with the individuals Behavioral Consultant.

I completed this training independently by reviewing the Behavior Support Plan provided by the Behavior Consultant to the BDDS Portal.

CTRS Signature: \_\_\_\_\_