The **Behavior Intervention and Mental Health Support Planning tool** is to be used collaboratively by school-based teams when assessing the level of functioning of students in this area. The tool *should not be used in isolation* from other sources of data and is meant to form part of an overall picture, or story, of the individual student being assessed.

The Behavior Intervention and Mental Health Support Planning tool is divided into four functional domains, each of which is explained below. When assessing impairment of functionality in each domain, the school-based team could refer to these suggested sources of data:

Full file review: incident reports, behaviour observations, report cards, achievement tests, IEP, BIP and support plans

Psycho-educational assessments and reports

Functional Behaviour Assessments (FBA)

Normative behavioural assessments such as Behaviour Assessment System for Children (BASC), Connor's, Auchenbach, or other

Mental Health Assessments (MHA): CYMH, Physician/ Psychiatrist reports / assessments, including a medication review

Assessments and reports: Speech-Language Pathology (SLP), English Language Learning (ELL), Behavioural Specialist, Counsellor

Augmentative Communication, Adaptive Testing Scores, Medical / Audiological / Visual reports and evaluation

Level B academic assessments such as KTEA or other District learning inventories, DWW, FSA, etc.

When assessing a student in each domain, the school-based team should consider whether any impairment of functionality is mild, moderate, or complex according to the descriptors. If the descriptor set does not apply to the student being assessed, then it should be left blank.

The assessment also includes a summary of *Examples of Supports*. This checklist is not meant to be exhaustive but is a concise way for the school-based team to describe the level of support that may already be in place for the student.

Behaviour Intervention/ Mental Illness Instructional Support Planning Process

COWICHAN VALLEY School District

Student Name: _____ Grade: _____ School: _____

DOB: _____ Date: _____

DOMAIN	STRENGTHS	NEEDS	A	B	C
			Choose one (✓), see note below*		
SOCIAL/EMOTIONAL FUNCTIONING					
COMMUNICATION					
SELF DETERMINATION/ INDEPENDENCE					
ACADEMIC/ INTELLECTUAL					

*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:

Name: _____   School: _____   Date: _____

SOCIAL/EMOTIONAL FUNCTIONING

A (MILD)	B (MODERATE)	C (COMPLEX)
☐ Tends to interact/play with children much younger/much older	☐ Often interacts /plays with children who are much younger/older	☐ Exclusively interacts/plays with children much older /younger
☐ May use verbal aggression (words, volume, tone) to respond to conflict	☐ Often uses verbal aggression (words, volume, tone) to respond to conflict	☐ High frequency use of threats /verbal aggression (word, volume, tone) to respond to conflict
☐ May use physical aggression (hits, punches, kicks – or threatens to)	☐ Occasionally, physically aggressive (hits, pinches, kicks or threatens to)	☐ Frequent physical aggression (hits, pinches, kicks or threatens to)
☐ May attempt to cajole or intimidate others into participation in anti-social or inappropriate behaviours	☐ Occasionally cajoles or intimidates others into participation in anti-social or inappropriate behaviours	☐ Frequently cajoles or intimidates others into participation in anti-social or inappropriate behaviours
	☐ Strong tendency towards self-isolation	☐ Excessively withdrawn
		☐ Behaviours significantly worse in the absence of prescribed medications
		☐ Suicidal ideation/behaviour
		☐ Self-harm behaviour
		☐ Currently on a partial program due to behaviour concerns
		☐ Behaviours may present risk to self and others (frequently throws objects, hits, bites, screams, tantrums, flight risk). Needs a response plan (de- escalation plan and/or staff safety plan)

SELF-DETERMINATION

STUDENT'S LEVEL OF FUNCTIONING

A (MILD)	B (MODERATE)	C (COMPLEX)
Student exhibits mild functional problems occasionally and intermittently	**Student exhibits moderate functional problems not necessarily in every setting or at all times**	**Significant functional problems occur across multiple settings**
☐ May follow most routines and transitions	☐ Occasionally follows some but not all routines	☐ Frequently does not follow routines
☐ May function independently in the school environment most of the time; may need some mild staff intervention	☐ Will occasionally initiate tasks and activities but may require support to complete	☐ Little desire to achieve independence/rarely completes tasks without 1-1 support
☐ Needs some adult mediation/direction	☐ Needs frequent adult mediation/direction	☐ Needs constant adult mediation/direction
☐ Occasional reminders to engage in learning and/or leisure activities	☐ Needs guidance to engage in learning or leisure activities	☐ Needs constant support to engage in learning or leisure activities or few leisure interests or skills
☐ May require assistance with some activities during transitioning	☐ Requires assistance frequently during transitioning	☐ Requires continuous assistance during transitioning
☐ Interacts with peers; may need some mild social redirection	☐ Needs occasional direction/prompting around social skills/interactions with peers and adults	☐ Needs frequent direction/prompts around social skills interactions with peers and adults
☐ Some problems with social problem solving	☐ Frequent problems with social problem solving	☐ All social problems require direct mediation
☐ Some lack of care of personal hygiene, disinterest in grooming/clothing	☐ Disinterest in personal grooming/hygiene	☐ No regard for personal hygiene
☐ May have difficulty understanding feelings and rights of others	☐ Careless of feelings or rights of others (destruction of property, vandalism, stealing), needs regular reminders	☐ No regard for feelings/rights of others or needs constant support to understand how their behaviour affects others
☐ May make sexually related comments or engage in inappropriate behaviour with sexual overtones		☐ Sexual behaviour may be overt, repetitive, and significantly interferes with social functioning
☐ May demonstrate some difficulties with impulse control	☐ Often demonstrates difficulties with impulse control	☐ Frequently demonstrates poor impulse control
☐ Disappointed with self	☐ Often personally discouraged	☐ Extremely disappointed with self, resulting in negative self-concept
		☐ Drug use may be overt, repetitive, and significantly interfere with functioning
		☐ Behaviour dangerous to self or others
		☐ Lack of "agency" (does not believe they have any power to make changes)

A (MILD)	B (MODERATE)	C (COMPLEX)
□ Promote the development of positive attachments to adults/peers (*important to all students at all levels of functioning*) □ Some case management	□ Promote the development of positive attachments to adults/peers (*important to all students at all levels of functioning*) □ Integrated case management	□ Promote the development of positive attachments to adults/peers (*important to all students at all levels of functioning*) □ Extensive integrated case management
SOCIAL EMOTIONAL FUNCTIONING		
□ Some structuring of class routines (transition cueing, re-direction, token economies, quiet time, etc.) □ Use of peer/buddy system or small group to model social/emotional behaviours	□ 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 (BIP) □ Specialized behavioural/counselling supports	□ Intensive individualized programming use of supervised removal from classroom environment □ Unique and highly structured behavioural programming □ Ongoing interagency involvement (including psychiatric care)
COMMUNICATION		
□ Use of verbal/nonverbal cues to gain attention □ Some simplification of verbal instructions □ Monitoring understanding of instructions □ SLP consultation/support □ Preferential seating	□ 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 (i.e. presented in stages, delivered at a slower pace)	□ Constant, direct, structured supports □ Systematized communications strategies □ Extensive individualized support □ De-escalation planning □ Staff safety planning
SELF DETERMINATION		
□ Occasional reminders and prompts	□ Frequent supervision □ Social skills training □ Some behaviour intervention regarding social behaviour □ Direct life-skills instruction □ Structured peer coaching	□ Consistent, direct adult supervision □ Functional life-skills planning and skill development □ Skill development for independent living and referral into community resource programs
ACADEMIC/INTELLECTUAL FUNCTIONING		
□ Some adaptation and/or modification of curriculum □ Smaller group instruction and/or individualized instruction intermittently throughout the year □ Learning plan	□ Significant modification of learning expectations (learning plan or IEP) □ 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	□ Individualization of learning outcomes, goals and objectives (IEP) □ Adaptations and modifications are complex and highly individualized