

**POSITIVE BEHAVIOR SUPPORT PLAN
FIDELITY DATA CHECKLIST**



Student Name: _____ Date: _____
 Person completing form: _____

Targeted Behavior(s):	Replacement Skill(s):
_____	_____
_____	_____
_____	_____

Positive Behavior Support Plan Strategies	Effect on Behavior + or --	
Prevention Strategies:		
Consequences for Performing Desired Behavior (Reinforcement):		
Consequences for Performing Targeted Behavior (Correction/Intervention):		
Comments:		