**Behavioral Support Strategies (BSS) Training Documentation Form**

The Behavioral Assessment Report dated       for       (Name) has been reviewed with me. This person’s ISP, including the Strategies Summary that recaps the Behavioral Assessment recommendations, has also been reviewed with me and I understand the information to the best of my ability.

I have received training on how to teach replacement skills and how to properly use the important general preventives & interventions and the HRC-approved restrictive supports (if applicable) that are designed to help       (Name) be successful, minimize risk, and avoid legal sanction. I have also been trained on data collection and schedule of reviews for these support strategies. I know that it is MY responsibility to receive additional training as needed so that I understand the policies and procedures outlined in the most current FCBDD Behavioral Support Procedures Manual.

If I have additional questions or concerns, I should contact       (Behavioral Specialist’s Name) at       (Phone #, e-mail).

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| **Printed Name** | **Date** | **Title** | **Signature** |
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