# BEHAVIOR SPECIFIC PRAISE

Treatment Integrity Checklist

Student: ____________________________ Date: _______________________

☐ Primary Observer: __________________ Setting: ______________________

☐ Secondary Observer: __________________ Lesson: ______________________

Start time: __________ End time: __________ Total time: __________

Notes: __________________________________________________________

0 = not in place, 1 = partially in place, 2 = completely in place

<table>
<thead>
<tr>
<th>Component</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0 1 2 0 1 2 0 1 2 0 1 2 0 1 2</td>
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<thead>
<tr>
<th>Daily Total (column)</th>
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1. Did I identify target behaviors and/or students to acknowledge using BSP?

2. Did I prepare to deliver BSP prior to the lesson (i.e., scripts complete, deliver practiced, additional reinforcers gathered)?

3. Did I observe students for the target behavior (or a portion/approximation thereof)?

4. Did I provide a praise statement that acknowledged a specific target behavior and was administered immediately following the target behavior?

5. Did I self-monitor my use of BSP?

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