

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

	Mon	Tues	Wed	Thurs	Fri	Comp onent Total (row)	Percent (total ÷ 10 ^a × 100)
1. Did I identify target behaviors and/or students to acknowledge using BSP?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
2. Did I prepare to deliver BSP prior to the lesson (i.e., scripts complete, deliver practiced, additional reinforcers gathered)?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
3. Did I observe students for the target behavior (or a portion / approximation thereof)?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
4. Did I provide a praise statement that acknowledged a specific target behavior and was administered immediately following the target behavior?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
5. Did I self-monitor my use of BSP?	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
Daily Total (column)							
Percent (total ÷ 10 ^a × 100)	%	%	%	%	%		

^a10 is the *total possible* as designed, but reduce this number to match applicable number of items and days