

Friendship Ventures Behavior Questionnaire

Vacationer: _____

Caregiver Name/phone: _____

Date information given: _____

When the individual has a behavior management plan and or a Rule 40 program: (Please attach a copy.)

What are the target behaviors? How often do they occur?
(# of times per day, week, month, year)

How long has the individual been on this behavior management plan?

If the individual requires physical intervention, how often does this occur? _____

Under what conditions does this tend to occur? Do you expect it to happen while the individual is on vacation? _____

When the individual is physically aggressive or self injurious:

What precipitates behavior? _____

How severe is it? Does it interfere with daily life? Does it interfere with their relationship with others? What does it look like?

How frequently does it happen? Do you expect it to happen while the individual is on vacation?

What is the caregiver's response to it?

How do you want Friendship Ventures staff to respond to it?

When the individual wanders or runs away:

How often does it happen? _____

Under what conditions has it occurred in the past? Do you expect it to happen while the individual is on vacation?

What is their supervision while at home, work or school when on outings in the community? _____

What is the caregiver's response to it?

How do you want Friendship Ventures staff to respond to it? _____

Is 911 ever called? If yes, tell us about it.

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When the individual lies or steals:

Under what conditions does this tend to occur? Are there certain objects-situations which draw this person into this behavior?

How severe is it? What does it look like? Do you expect it to happen while the individual is on vacation? _____

What is the caregiver's response to it? _____

How do you want Friendship Ventures staff to respond to it?

Will that person self-report? _____

When the individual attaches themselves to a staff of opposite sex:

If a male participant, can a female staff be on the trip? Can the female staff work with them? What are the circumstances?

If a female participant, can a male staff person be on the trip? Can the male staff work with them? What are the circumstances?

Under what conditions does this tend to occur? Are there certain objects-situations which draw this person into this behavior?

How severe is it? What does it look like? Do you expect it to happen while the individual is on vacation? _____

What is the caregiver's response to it?

How do you want Friendship Ventures staff to respond to it?

When the individual does not sleep through the night:

Under what conditions does this tend to occur? Do you expect it to happen while the individual is on vacation? _____

How severe is it? What is the frequency? Our staff members are not expected to be awake at night. At camp and respite they sleep in the same cabin, in another room. While on Ventures Travel, they may be in the same or a different nearby hotel room, or while on a State Park Trip in the same or a different nearby tent. Will this supervision meet the individual's needs and does their team approve of their attending camp or the trip anyway?

If awake at night would the person leave the cabin or hotel room?

Has the person ever left the house at night? If yes, please explain.

Please provide any other information that would be helpful for the Friendship Ventures staff members to know:

2/07

Please return ASAP.
Thank you!