Parent	name

Home Behavior Management Techniques

Please read each behavior management technique and check off the box that indicates how often you use this technique to manage your child's behavior. Please fill in a box under the "Use" heading for each item. If you use a technique, check the box that indicates how effective each technique is for your child.

if you use a technique, eneck the box that indicates now effective each technique is for your clind.	**				Effectiveness			
		U	se	T		Effect	iveness	
				This would not fit				
	I use this regularly	I use this	Might be worth	well with my	Very effective	Moderately effective	Somewhat effective	Not effective
1. House rules	regularly	sometimes	trying	parenting	effective	effective	effective	effective
Are these specific rules that have been reviewed with your child (CIRCLE ONE)? YES NO					<del>                                     </del>			
Are these specific rules that have been reviewed with your child (CIRCLE ONE)? TES NO  Are these rules posted somewhere in your home (CIRCLE ONE)? YES NO					<del>                                     </del>			
	-							
2. House structure (e.g., standard bedtime routine followed regularly)	-				<del>                                     </del>			
3. Ignoring minor inappropriate behaviors (e.g., fidgeting, complaining).								
4. Praising appropriate behaviors (e.g., "I like the way you're working quietly on your homework Tom.")								
5. Giving appropriate commands (e.g., "Bobby, stand quietly with your hands at your side" - appropriate vs. "Stop fidgeting" - inappropriate)								
6. Reprimands for inappropriate behavior (e.g., verbal reprimands)								
7. Homework assignment book (e.g., daily agenda)								
8. Daily Home Note from school								
9. Weekly Home Note from school								
10. Daily report card with target behaviors/goals and feedback on meeting the goals								
11. Weekly report card with target behaviors/goals and feedback on meeting the goals.								
12. Daily home-based rewards based on school behavior (e.g., Extra TV time per night if the child gets a good report from	•							
the teacher)								
13. Weekly home based rewards based on school behavior (e.g., trip to video arcade if teacher gives a good report for the week)								
14. Daily removal of privileges based on school behavior (e.g., No TV time per night if the child gets a bad daily report from the teacher)								
15. Weekly removal of privileges (e.g., child is not allowed participate in a special activity if the teacher gives a bad report for the week)								
16. Parent Training (e.g., parents receive instruction in behavioral child management strategies like time out, point systems)  PLEASE LIST TOTAL NUMBER OF SESSIONS ATTENDED								
17. Help child complete homework								
18. If then contingencies (e.g., If you finish your homework, then you may watch TV)								
19. Point or token reward system (e.g., child receives stickers for appropriate behavior and a reward is given once the child earns a certain number of stickers).								
20. Response-cost system (e.g., lose 5 minutes of computer time for each incomplete chore)								
21. Group contingencies (e.g., special activity for everyone if all children in the family behave, and the reward is withheld if even one child misbehaves)	f							
22. Time out (e.g., removed from ongoing activity for a specified period of time)								
23. Removal of privildges/grounding (e.g., can't watch TV because of misbehavior)								
24. Dietary restrictions (e.g., withhold sugars, food dyes, food additives, caffeine, specific foods, etc.)								
25. Dietary supplements (e.g., blue green algae, herbs, organic foods, etc.)								
26. Individual or small group social skills training								
27. Individual or small group counseling sessions or psychotherapy	•							
28. Perceptual/sensory stimulation (e.g., provide balls, toys, clay for child to use when exhibiting negative behaviors)								
29. Individual or small group play therapy sessions								
30. Individual or small group cognitive therapy (e.g., teaching the child to self-monitor, self-evaluate, and self-control)								
31. Spanking								
32. Family therapy (e.g., parents and child both present at therapy session at the same time)								
33. Other (Please describe)					1			
34. Does this child have a 504 Plan?	YES	NO	DON'T KNOW					
35. Does this child have a Individualized Education Plan (IEP)?	YES	NO	DON'T KNOW					
36. To what extent do you find interacting with this child a pleasant experience?	Very pleas	Very pleasant 0 1 2 3 4 5 6 Very unpleasant						