

**POSITIVE BEHAVIOR SUPPORT PLAN  
FIDELITY DATA CHECKLIST**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Targeted Behavior(s):	Replacement Skill(s):
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Positive Behavior Support Plan Strategies	Effect on Behavior + or --	
Prevention/ Antecedent Strategies:		
Consequences for Performing Desired Behavior (Reinforcement):		
Consequences for Performing Targeted Behavior (Correction/Intervention):		
Comments:		