



**Kansas Institute for Positive Behavior Support  
Behavioral Support Workshops for Case Managers  
Trainee Demographic Form**

Trainee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Number of Years in Position: \_\_\_\_\_

Years of experience in your field: \_\_\_\_\_

Degree(s) earned & year(s): \_\_\_\_\_

Have you received any behavior support training:      Yes                  No

If yes, list type of training and when: \_\_\_\_\_

Please Answer the Following Questions:

	Yes/No
1) Have you ever facilitated or developed a person centered plan?	
2) Have you participated in a PCP meeting (not necessarily the facilitator)?	
3) Have you developed an individual behavior support plan?	
4) Have you been on a team that implements a PCP or behavior support plan for an individual (you participated in the implementation)?	
5) Have you trained others on how to implement a behavior support plan?	
6) Have you conducted a functional behavioral assessment?	