



Behavioral Supports

Questionnaire

Trip Name: _____

Trip Date: _____

Traveler Name: _____

- 1) Does the traveler have a behavior management plan? **Yes** **No**

If Yes, attach a copy of the plan and return it with this form.

- 2) What are the travelers target behaviors (i.e. aggressions towards self or others, property destruction, etc.)?

- 3) Describe what the behavior(s) look like.

4) How often does the behavior occur? (# of times a day/week)

5) Describe what typically precedes a target behavior.

6) How is the behavior(s) deescalated?

7) Does the traveler wander away from the group, or leave an area without notifying anyone? **Yes** **No**

8) If yes, could it be expected on this vacation? **Yes** **No**

9) If yes, how should Hammer Travel staff respond to it?

10) Does the traveler steal things from stores or other individuals? **Yes** **No**

11) If yes, how should Hammer Travel staff respond to it?

12) What can Hammer Travel staff do to try to prevent this from happening?

13) Does the traveler sleep through the night?

Yes

No

*If no, note that Hammer Travel does not provide awake overnight supervision. Please refer to our Sleeping Arrangement and Personal Privacy Policy

14) Does the traveler have any sexual issues (i.e. exposing oneself, attaching oneself to the opposite sex) ?

Yes

No

15) If yes; please explain.

16) If yes, how should Hammer Travel staff respond to it?

17) Are there any other issues that we should be aware of? Please explain.

18) How should Hammer Travel staff respond?

If you have any questions regarding the Behavioral Supports Questionnaire please contact Hammer Travel at:

Phone: 877.345.8599 or 952.277.2461

Email: info@hammertravel.org