

**Evaluation of Effectiveness of the Intervention in Meeting Goals
COPING WITH PHYSICALLY AGGRESSIVE BEHAVIOR (PAB)
& OTHER DISRUPTIVE BEHAVIOR**

| | | |
|-----------|-------|-----------|
| Resident: | Date: | Facility: |
|-----------|-------|-----------|

| | |
|---------------------------------------|---|
| Desired outcomes and benefits: | Resident will have a decrease in PAB to ____ # of episodes per ____ (time period) |
|---------------------------------------|---|

Goal for this resident:
To meet identified need:
Or support identified strength:

Check appropriate answer:

| Was goal met? | yes: | no: | Outcomes/Benefits |
|---------------|------|-----|-------------------|
|---------------|------|-----|-------------------|

| | | | |
|----------------------------|--|--|--|
| 1. Reduced number of PAB's | | | |
|----------------------------|--|--|--|

2. Discontinued intervention after ____ times because:

3. Modifications to intervention that worked for this resident
a)
b)

4. Unanticipated results of intervention:

Comments:

Signature:
Date: