FREE PRACTITIONER RESOURCE

BSP Quality Self Score Checklist

A structured self review for behaviour support plans, informed by the Behavior Support Plan Quality Evaluation Guide II (BSP QE II) and aligned with the NDIS Positive Behaviour Support Capability Framework.

Quality is not whether a plan is compliant. Quality is whether the thinking holds together, whether the people around the person could actually implement the plan tomorrow, and whether the person's quality of life improves as a result. This checklist gives you a fast, honest way to test a draft plan against that standard before it goes to review.

How to score

Read the plan as if you did not write it. Score each of the twelve items below: **0** means the element is not evident, **1** means it is partially evident or present but weak, and **2** means it is clearly evident and would satisfy an independent reviewer. Be strict. A generous self score helps nobody, least of all the participant.

#	QUALITY ELEMENT	0	1	2
01	**Behaviour is operationally defined** Each behaviour of concern is described observably and measurably: what it looks like, frequency, duration, intensity, and context. No diagnostic label or conclusion is doing descriptive work.			
02	**Predictors and setting events are identified** Triggers and setting events are named from assessment data, distinguished from each other, and specific enough that a support worker could recognise them in real time.			
03	**Function is stated and evidenced** The function of each behaviour is stated as a hypothesis grounded in the assessment evidence, in everyday functional language: to get, to avoid, to communicate, or to regulate.			
04	**Environmental strategies address the predictors** Proactive and ecological strategies change the conditions identified as predictors, rather than sitting beside them as generic good practice.			
05	**A functionally equivalent replacement behaviour is named** The plan names a specific skill that meets the same need as the behaviour of concern, faster or more easily than the behaviour itself.			
06	**Teaching strategies are specified** The plan describes how the replacement behaviour and supporting skills will be taught, by whom, when, and in which settings.			
07	**Reinforcement is individualised and connected** Reinforcement is specified, meaningful to this person, and tied directly to the replacement behaviour and desired skills rather than to general compliance.			
08	**Response strategies are least restrictive and function informed** De escalation and response strategies are safe, least restrictive, matched to the escalation pattern, and consistent with the functional hypothesis.			
09	**Restrictive practices are named and safeguarded** Any restrictive practice is identified against NDIS Commission categories, with authorisation, time limits, and a fade out plan. If none are used, the plan says so clearly.			

#	QUALITY ELEMENT	0	1	2
10	**Goals are measurable** Goals include baseline, target, timeframe, and review points, written so progress can be demonstrated with data rather than impressions.			
11	**The plan is implementable by the actual team** Strategies are realistic for the real people, settings, rosters, and resources around the person, and written so someone could follow them without additional training.			
12	**Monitoring and communication are defined** Data collection, team coordination, review timing, and the pathway for updating the plan are all specified.			

Score bands

TOTAL SCORE	WHAT IT MEANS
22 to 24	Superior. The plan demonstrates the reasoning and implementability expected of high quality practice. Fine tune and submit for review.
17 to 21	Good. The core logic is sound. Strengthen the lowest scoring elements before the plan leaves your hands.
12 to 16	Underdeveloped. The plan has gaps a reviewer will find. Return to the assessment and rebuild the weak elements.
0 to 11	Needs substantial development. Do not submit. Revisit the functional assessment and rebuild the plan from the formulation up.

COMPANION GUIDE

Writing the functional impairment link

The single most common weakness in behaviour support documentation is jumping from a diagnosis straight to a recommendation. The bridge between them is the functional impairment link, and it follows one spine, in one order, every time.

01	02	03
Impairment	**Functional impact**	**Support justification**
The diagnosed condition or identified difference, stated plainly.	What that impairment means for this person's daily life, participation, and safety, in concrete observable terms.	Why the recommended support is the reasonable and necessary response to that impact, in NDIS funding language where relevant.

Never justify a support by diagnosis alone

A diagnosis tells a reviewer what condition exists. It tells them nothing about what this person can and cannot do because of it, and therefore nothing about why any particular support is reasonable and necessary. Two people with the same diagnosis can have completely different functional profiles. The functional impact step is where your assessment evidence earns the recommendation.

A sentence scaffold that keeps the spine intact

Because of **[impairment]**, **[name]** experiences **[specific, observable functional impact]** in **[settings]**, which results in **[risk, restriction, or participation consequence]**. **[Support]** is therefore reasonable and necessary because it **[directly addresses that impact]**.

Weak and strong, side by side

WEAK	STRONG
Jordan has autism and an intellectual disability and requires two to one behaviour support in the community.	Jordan's autism and intellectual disability affect his processing of spoken instructions and unexpected change. In community settings this presents as leaving supervision without warning, on average three times per outing, near roads and car parks. Two to one support is reasonable and necessary because one worker maintains line of sight and safety while the second delivers the visual schedule and transition warnings that prevent the trigger occurring.

The example is entirely fictional. Notice what the strong version does: it names the impairment, shows its observable impact with frequency and context, states the consequence, and connects each element of the support to the impact it addresses. A planner reading it does not need to take anything on faith.