## **Social Validity Rating Form**

Please complete the items listed below. The items should be completed by placing a check mark in the box under the question that best indicates how you feel about the intervention recommendations. This is a good form for the teacher to use before the intervention begins.

1. How clear is your understanding of this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all clear |  | Neutral |  | Very clear |
|  |  |  |  |  |

1. How acceptable do you find the intervention to be regarding your concerns about this student?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all acceptable |  | Neutral |  | Very acceptable |
|  |  |  |  |  |

1. How willing are you to carry out this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all willing |  | Neutral |  | Very willing |
|  |  |  |  |  |

1. Given this student’s behavioral problems, how reasonable do you find this intervention to be?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all reasonable |  | Neutral |  | Very reasonable |
|  |  |  |  |  |

1. How costly will it be to carry out the intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all costly |  | Neutral |  | Very costly |
|  |  |  |  |  |

1. To what extent do you think there might be disadvantages in following this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all likely |  | Neutral |  | Very likely |
|  |  |  |  |  |

1. How likely is this intervention to make permanent improvements in this student’s behavior?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unlikely |  | Neutral |  | Very likely |
|  |  |  |  |  |

1. How much time will be needed each day for you to carry out this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Little time will be needed |  | Neutral |  | Much time will be needed |
|  |  |  |  |  |

1. How confidant are you the intervention will be effective?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all confident |  | Neutral |  | Very confident |
|  |  |  |  |  |

1. Compared to other children with behavioral difficulties, how serious are this student’s problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all serious |  | Neutral |  | Very serious |
|  |  |  |  |  |

1. How disruptive will it be to carry out this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all disruptive |  | Neutral |  | Very disruptive |
|  |  |  |  |  |

1. How effective is this intervention likely to be for this student?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all effective |  | Neutral |  | Very effective |
|  |  |  |  |  |

1. How affordable is this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all affordable |  | Neutral |  | Very affordable |
|  |  |  |  |  |

1. How much do you like the procedures used in the proposed intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do not like them at all |  | Neutral |  | Like them very much |
|  |  |  |  |  |

1. How willing will other staff members or family members be to help carry out this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all willing |  | Neutral |  | Very willing |
|  |  |  |  |  |

1. To what extent are undesirable side effects likely to result from this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No side-effects likely |  | Neutral |  | Many side-effects likely |
|  |  |  |  |  |

1. How much discomfort is this student likely to experience during the course of this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No discomfort at all |  | Neutral |  | Very much discomfort |
|  |  |  |  |  |

1. How severe are this student’s behavioral difficulties?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all severe |  | Neutral |  | Very severe |
|  |  |  |  |  |

1. How willing would you be to change your instructional routine to carry out this intervention?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all willing |  | Neutral |  | Very willing |
|  |  |  |  |  |

1. How well will carrying out this intervention fit into the instructional routine?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all well |  | Neutral |  | Very well |
|  |  |  |  |  |

1. To what degree are this student’s behavioral problems of concern to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No concern at all |  | Neutral |  | Great concern |
|  |  |  |  |  |

*Adapted from: Reimers, T. M. and Wacker, D. P. (1988). Parents ratings of the acceptability of behavioral treatment recommendations made in an outpatient clinic: A preliminary analysis of the influence of treatment effectiveness. Behavior Disorders, 14, 7-15.*