**Social Validity Survey for Teachers**

Student Name Teacher Date

For each statement, circle one number that best describes how you feel about behavior intervention plan for this student.

1. I understood all of the elements of the behavior intervention plan.

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| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

1. I had the skills needed to implement the behavior intervention plan.

|  |
| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

1. Problem behaviors have decreased since the implementation of the behavior intervention plan.

|  |
| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

1. Appropriate classroom behaviors have increased as a result of the implementation of the behavior intervention plan.

|  |
| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

1. My participation in the implementation of the behavior intervention plan was relatively easy (e.g. amount of time/effort) to implement.

|  |
| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

1. Participation in implementing the behavior intervention plan for this student was worth the time and effort.

|  |
| --- |
| Strongly Disagree Strongly Agree |
| 1 2 3 4 5 6 |

*Adapted from Deanne A. Crone, Leanne S. Hawken, and Robert H. Horner (2010)*