

# Best Behavior, LLC

"Teaching People Skills to Manage Their Own Behavior"



## T.A.C.T. Reactive Strategies Training & Annual Refresher Class

~ *Your Training Checklist* ~



### FILL IT OUT!

- 1) Complete page 2 for all trainings
- 2) Attach additional documentation required
  - ✓ T.A.C.T. Reactive Strategies Training (Therapeutic Alternatives in Crisis Training, Agency Approved Curriculum by PES, Inc.) – *Review, Sign, and Enclose Page 3, you will be given a signed copy at the first day of class*
  - ✓ Annual Refresher for T.A.C.T. Reactive Strategies Training – *Review, Sign, and Enclose Page 3, ATTACH a copy of your current certificate as required for eligibility. You will be given a signed copy at the first day of class.*
- 3) Complete the Training Survey, page 4 (optional)



### PAY IT! Payment options include:

- 1) Come by our office with cash
- 2) Mail money order with your registration forms
- 3) Credit / Bank cards through Paypal - be sure to follow the instructions on the next page.

*\*\*Checks and credit cards on-site are not accepted\*\**



### SUBMIT IT! You can submit your forms by:

- 1) Coming to our office to drop off forms
- 2) Mailing the forms to us
- 3) Faxing the forms to (352)694-7581
- 4) Scanning the forms and emailing to [bestbehavior@aol.com](mailto:bestbehavior@aol.com)



### ATTEND IT!

Trainings are held at our office in Ocala unless you are notified of a change.  
Feel free to contact our office for directions. This is also now our mailing address ~

Best Behavior, LLC  
3035 NE Jacksonville Rd  
Ocala, FL 34479



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## Staff Development Trainings Registration Form

Dates are subject to change. Only those who are pre-registered can be notified.

First & Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Participant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (Cell # preferred but MUST be participant's current phone number so we can contact if there are any changes in class location/schedule)

To make the most of the class for our audience, it helps to know why you are taking this class:

- I'm submitting a New Provider Application to A.P.D.
- To meet a job requirement with (agency) \_\_\_\_\_ where I currently work as a (position) \_\_\_\_\_

I am registering for:

- Initial 2 days, 9am-4pm, \$150 per person\*\* DATES: \_\_\_\_\_
- Refresher 1 day, 9am-4pm, \$75 per person\*\* DATES: \_\_\_\_\_  
Only participants that have received this agency approved training within the last 12 months are eligible to attend the one day refresher. A copy of your current certificate is needed to document eligibility.

**\*\*FOR THIS TRAINING ALL FEES ARE DUE BY THE FIRST DAY OF CLASS\*\***

All trainings are "first come, first serve" however, pre-registration is required and the \$50 deposit must be paid to hold your seat. The \$50 is part of the total class fee. Fees are due in total by the end of the class. If class is cancelled/rescheduled you will be contacted and your deposit will be refunded - **if you are pre-registered.** If you pre-register and do not attend, the \$50 is non-refundable.

Payment Options 1) \_\_\_\_\_ In person with cash prior to class start 2) \_\_\_\_\_ Money Order or certified check enclosed CHECKS ARE NOT ACCEPTED

3) \_\_\_\_\_ I have submitted my payment through PayPal

**INSTRUCTIONS – In the "Instructions to Seller: section, please be sure to include the participant's First and Last name, Current phone number, and what training you are registering for.**

Money orders to be made payable to:  
Best Behavior  
3035 NE Jacksonville Rd  
Ocala, FL 34479.

PayPal is now available!  
Visit [www.best-behavior.org](http://www.best-behavior.org)  
Click on "Staff Development Trainings"  
Scroll to the bottom of the page for the PayPal link.



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## T.A.C.T. Reactive Strategies Training

*Therapeutic Alternatives in Crisis Training  
Agency Approved Curriculum by PES, Inc.*

Promulgation of a seclusion and restraint rule (65G-8) was mandated by the Legislature at section 393.13(4)(h)2., Florida Statutes, ("the agency shall adopt by rule standards and procedures relating to the use of restraint and seclusion").  
**Effective August 1, 2010:**

*Rule 65G-8.002: Requirement for certification of all staff through an Agency-approved training curriculum; maintenance of and provision to APD on demand, of copies of all training certification for all employees, and recertification through the full training curriculum utilized for initial certification.*

### T.A.C.T. is now an Agency-approved training curriculum for Reactive Strategies.

The goal of the T.A.C.T. program is to provide a safe restraint free environment that educates both the individual and staff in alternative measures to aggressive behavior.

The objectives of the T.A.C.T. program are

1. Provide trainees with the required training elements to understand behaviors and staff interactions.
2. Provide trainees with the skills to assess agitation and properly intervene at early stages.
3. Provide trainees with the needed skills to use both verbal and non-verbal skills to de-escalate potential aggressive situations.
4. Provide trainees with the skills to properly assess the need for physical intervention procedures, proper application, and monitoring of safety.
5. Provide trainees with the skills to debrief and document crisis situations in order to reduce the reoccurrence in the future.

By signing this form I am stating that: *(please initial below, then sign)*

\_\_\_\_\_ I understand the objectives and goal of the T.A.C.T. program.

\_\_\_\_\_ I agree that once I have received certification, proper assessment and implementation of these procedures in the future is my responsibility and not that of the instructor or her employer.

\_\_\_\_\_ I understand that T.A.C.T. program as a reactive strategy must be written into my employer's Policies & Procedures. Should any portion of this program be excluded from those policies (ie: manual restraint), it is my responsibility to be aware of that exclusion and implement the program accordingly.

\_\_\_\_\_ I understand it is my responsibility to obtain recertification annually to remain in compliance with Rule 65G-8.002.

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Erin Cantrell, T.A.C.T. Instructor

\_\_\_\_\_  
Date



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## Staff Development Training ~ Survey ~

Best Behavior is in the process of developing Staff Development Training topics and we would like your input! Please mark your answers below.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I would be interested in attending training on: (check all that apply)

\_\_\_ Advanced Behavior Training (Pre-requisite: Behavior Assistant Certification)

\_\_\_ Medical Considerations regarding Behavioral Interventions

\_\_\_ Dementia in persons with Developmental Disabilities

\_\_\_ Implementation Plan Training

\_\_\_ Visual Strategies

\_\_\_ Other: \_\_\_\_\_

If you would like more information on these topics or have any questions, please give us a call (352)694-7201.