**Behavior Intervention Plan** 

**Confidential Student Information**

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| **Original BIP Date:** |  | **Revision Date(s):** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | | | **ID:** | |  | | **Date of Birth:** | | |  | |
| **Teacher:** |  | | | | **Age:** | |  | | **Grade:** | | |  | |
| **School:** |  | | | | | | **FBA Completed:** | | | | |  | |
| **Special Education Program & Related Services:** | | | |  | | | | | | | | | |
| **Parent/ Guardians:** | |  | | | **Primary Phone Number**: | | | | |  | | | |
| **Parent/ Guardian Permission for FBA Received:** | | | |  | | | | | | | | | |
| **FBA/ BIP Team Members** | | | | | | | | | | | | | |
| *Name* | | | *Title/ Relationship to Student* | | | *Dates of Involvement & Meeting Attendance* | | | | | | | |
|  | | | Parent/ Legal Guardian | | |  | |  | | |  | |  |
|  | | | Student | | |  | |  | | |  | |  |
|  | | | Principal/ Administrator | | |  | |  | | |  | |  |
|  | | | Special Education Teacher | | |  | |  | | |  | |  |
|  | | | Classroom Teacher | | |  | |  | | |  | |  |
|  | | | School Social Worker | | |  | |  | | |  | |  |
|  | | | School Psychologist | | |  | |  | | |  | |  |
|  | | | School Counselor | | |  | |  | | |  | |  |
|  | | | Behavior Specialist | | |  | |  | | |  | |  |

**STUDENT STRENGTHS:**

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| --- | --- | --- |
| **FIRST TARGET BEHAVIOR:** | | |
|  | | |
| **Baseline Data** | **Intensity:** | \_\_\_Mild (disruptive but not dangerous to self or others)  \_\_\_Moderate (verbal/physical threats and/or destruction to physical environment); or  \_\_\_Severe (poses physical danger to self or others) |
| **Frequency:** |  |
| **Duration:** |  |
| **Latency:** |  |

|  |  |
| --- | --- |
| **Function(s) of the Behavior:** |  |
| **Hypothesis Statement:** |  |
| **Desired replacement behavior(s):** |  |
| **Long-term outcomes:** |  |

**Setting Events:**

**SETTING EVENT STRATEGIES**

|  |  |  |
| --- | --- | --- |
| **Strategy or Support Offered** | **Person(s) Responsible** | **Timeline** |
| Review and address confidential contextual factors summarized in Functional Behavior Assessment (FBA), as applicable. | School Psychologist or Social Worker | As needed. |
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**Antecedents:**

**PREVENTATIVE/ ANTECEDENT STRATEGIES**

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| --- | --- | --- |
| **Strategy/ Skill to be Taught** | **Person(s) Responsible** | **Timeline** |
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**Lagging Skills/ Unmet Needs to be addressed:**

**INTERVENTION STRATEGIES/ TEACHING REPLACEMENT BEHAVIORS**

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| --- | --- | --- |
| **Strategy/ Skill to be Taught** | **Person(s) Responsible** | **Timeline** |
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**RESPONSE TO REPLACEMENT BEHAVIOR**

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| --- | --- |
| **Replacement Behavior(s)** | **Adult Responsible** |
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**Maintaining Consequences:**

**DE-ESCALATION/ RESPONSE STRATEGIES**

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| --- | --- |
| **Response to Target Behavior/ Environmental Modification/**  **De-Escalation Response** | **Person(s) Responsible** |
|  |  |
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**Emergency Procedures:**

* Please refer to the attached [Individual Crisis Management Plan (ICMP)](http://scsdbehaviormatters.weebly.com/icmp-template.html).

**Plan for home-school collaboration & communication:**

**Data Collection Plan:** *List & attach data tracking sheets to be used for tracking target behavior(s), replacement behavior(s), and interventions.*

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| --- | --- | --- |
| **Data Collection Tool** | **Frequency of Data Collection** | **Person Responsible** |
|  |  |  |
|  |  |  |

**\*DATE OF REVIEW:**

*\*BIPs should be reviewed within four to six weeks after implementation and in regular 4-6 week intervals after that using the district’s* [*Progress Monitoring Report*](http://scsdbehaviormatters.weebly.com/progress-monitoring-report.html)*. Each quarter, Progress Monitoring Reports must be reviewed with parents/guardians, uploaded to the IEP Direct Document Repository, and e-mailed to the district PPS secretary.*