**Behavior Intervention Plan**

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| **Original BIP Date:** |  | **Revision Date(s):** |  | **Date of Next Review:** |  |

Please refer to last page of this document for student’s age, grade, and school, parent/guardian phone number, and team members.

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| **Student’s Demographic Information** | | | |
| **Student Name (and ID):** |  | **Parent/ Guardian(s):** |  |
| **Date of Birth (and Age):** |  | **Primary Phone Number:** |  |
| **Teacher:** |  | **Date Parent/ Guardian Consent for FBA was received:** |  |
| **School:** |  | **Date FBA was completed:** |  |
| **Grade:** |  | | |
| **Special Education Program:** |  | | |

**STUDENT STRENGTHS**

**NAME OF CHALLENGING BEHAVIOR (Target Behavior):**

**Specific Description of Challenging Behavior (Operational Definition):**

Baseline Data

Intensity: Mild (disruptive but not dangerous to self or others)

\_\_\_Moderate (disruptive with an increased risk of danger to self or others); or

\_\_\_Severe (poses physical danger to self or others)

Frequency:

Duration:

Latency:

**Function(s) of the Behavior:**

**Hypothesis Statement:**

**What often happens right before the challenging behavior, and in what settings does the behavior typically occur and not occur?** ([Setting and Antecedent Events)](http://scsdbehaviormatters.weebly.com/glossary-companion-document.html)



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| **WHAT TO DO TO PREVENT THE BEHAVIOR FROM OCCURRING** (SETTING EVENT & PREVENTATIVE/ ANTECEDENT STRATEGIES): | **WHO’S RESPONSIBLE**  **(AND WHEN/ HOW OFTEN):** |
| Review and address confidential contextual factors summarized in Functional Behavior Assessment (FBA), as applicable. | School Psychologist, School Social Worker, or School Counselor |
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**What are the student’s lagging skills or unmet needs that impact the occurrence of the challenging behavior?** [(Lagging Skills/ Unmet Needs to be Addressed)](https://scsdbehaviormatters.weebly.com/scsd-template--tool-library.html)

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| **WHICH SKILLS TO TEACH STUDENT, AND HOW** INTERVENTION STRATEGIES/ ACTION PLANS WILL BE TAUGHT: | **WHO’S RESPONSIBLE**  **(AND WHEN/ HOW OFTEN):** |
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**IF THIS PLAN IS SUCCESSFUL, WE’LL KNOW IN THE LONG RUN BECAUSE** (DESIRED LONG-TERM OUTCOME(S))**:**

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| **WHAT STUDENT WILL DO INSTEAD OF THE CHALLENGING BEHAVIOR WHILE STUDENT WORKS TOWARD LONG-TERM GOAL** (DESIRED REPLACEMENT BEHAVIOR(S) THAT WILL ACHIEVE THE SAME BEHAVIORAL FUNCTION) | **PLANNED ADULT RESPONSE TO REINFORCE STUDENT’S USE OF THIS ALTERNATIVE BEHAVIOR**  **(AND WHO’S RESPONSIBLE, WHEN, AND HOW OFTEN):** |
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**What often happens right after the challenging behavior occurs?** (Maintaining Consequences)

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| **HOW ADULTS WILL RESPOND TO THE CHALLENGING BEHAVIOR WHEN IT DOES OCCUR** (DE-ESCALATION/ RESPONSE STRATEGIES): | **WHO’S RESPONSIBLE:** |
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**EMERGENCY PROCEDURES:**

This student does not require an Individual Crisis Management Plan (ICMP) or use of a NYS-approved Time Out Room.

This student has an [Individual Crisis Management Plan (ICMP)](http://scsdbehaviormatters.weebly.com/icmp-template.html) in the following location:

This student may require use of a NYS-approved [Time Out Room](file:///I:\PPS%20Toolbox\Procedure%20%20Policies\Time%20out%20Room%20-%20Policy%20.docx), for a maximum of minutes at a time (not to exceed 30 minutes). Time Out Room use will only occur after less restrictive approaches have been attempted and failed (e.g., de-escalation strategies listed above, active listening, behavior support techniques, co-regulation/de-escalation techniques). Time Out Rooms must never be used for seclusion or as a disciplinary consequence.

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| **PLAN FOR HOME-SCHOOL COLLABORATION & COMMUNICATION:** | **WHO’S RESPONSIBLE**  **(AND WHEN/ HOW OFTEN):** |
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| [**DATA COLLECTION TOOL**](http://scsdbehaviormatters.weebly.com/abc-frequency-duration-forms.html)**\* (TO BE USED FOR PROGRESS MONITORING FREQUENCY OR DURATION OF TARGET BEHAVIOR(S), REPLACEMENT BEHAVIOR(S), & INTERVENTIONS):** | **WHO’S RESPONSIBLE**  **(AND WHEN/ HOW OFTEN):** |
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*\**[*Progress monitoring data summaries*](http://scsdbehaviormatters.weebly.com/progress-monitoring-spreadsheet.html) *should be reviewed and BIPs should be revised, as indicated, within 4-6 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. Revisions to the BIP (new strategies and removal of old strategies) should be reflected in an updated BIP document separate from previous versions.*

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| [**FBA/ BIP Development Team Members**](http://scsdbehaviormatters.weebly.com/development-checklists.html) | | |
| *Dates of Involvement & Meeting Attendance* | *Name* | *Title/ Relationship to Student* |
|  |  | Parent/ Legal Guardian |
|  |  | Student |
|  |  | Principal/ Administrator |
|  |  | Special Education Teacher |
|  |  | Classroom Teacher |
|  |  | School Social Worker |
|  |  | School Psychologist |
|  |  | School Counselor |
|  |  | District Behavioral Health Consultant |