**Intervention Support Plan for Behavior (ISP-B)** 

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| **Original ISP-B Date:** |  | **Revision Date(s):** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **ID:** |  | | | **D.O.B.:** |  | | **Age:** |  |
| **School:** |  | | **Teacher:** | |  | | | | **Grade:** | |  |
| **School Based Support Team (SBST) Members** | | | | | | | | | | | |
| *Name* | | *Title/ Relationship to Student* | | | | *Dates of Involvement & Meeting Attendance* | | | | | |
|  | | Parent/ Legal Guardian | | | |  | | | | | |
|  | | Student | | | |  | | | | | |
|  | | Administrator | | | |  | | | | | |
|  | | Classroom Teacher | | | |  | | | | | |
|  | | School Social Worker | | | |  | | | | | |
|  | | School Psychologist | | | |  | | | | | |
|  | | School Counselor | | | |  | | | | | |
|  | | Speech Therapist | | | |  | | | | | |
|  | | Occupational Therapist | | | |  | | | | | |
|  | | School Nurse | | | |  | | | | | |

**SBST Referral Concern:**

What do all adults working with this student need to know about him/her to intervene effectively? (Reminder: All adults working with this student be permitted to view this document; it is NOT confidential).

**Student Strengths:**

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| --- | --- |
| **IDENTIFIED TARGET BEHAVIOR**  Name the challenging behavior | **OPERATIONALIZED DEFINITION OF BEHAVIOR**  What does the behavior look like? Be as specific as possible. |
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**Suspected Behavioral Function:**

Consider what the student’s target behavior is communicating, and what the student gains or avoids, then identify suspected behavioral function. (Sensory, Escape, Attention, Tangible).

**Antecedents/Triggers:**

**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):** Consider what behavior(s) the student is able to engage in with his/ her current skill set that would be a more acceptable alternative to the target behavior. Replacement behavior should serve the same suspected behavioral function as the target behavior in order to meet the student’s needs. | **Adult Response** |
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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** |
|  |  |
|  |  |

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

\_\_\_ An ICMP will be developed by the following date: , and can be found in the following location:

**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** |
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|  |  |  |

**DATE OF FIRST REVIEW\*:**

*\*This ISP-B should be reviewed within four to six weeks after implementation and in regular 4-6 week intervals thereafter using the* [*SCSD Progress Monitoring Report*](http://scsdbehaviormatters.weebly.com/progress-monitoring-report.html)*.*