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| --- | --- | --- | --- |
| Review Date | Document Type | Development Date | Revision Date |
|  | ISP  BIP |  |  |



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | **ID:** |  | | **D.O.B.:** |  | | **Age:** |  |
| **School:** |  | **Teacher:** | |  | | | **Grade:** | |  |
| **School Based Support Team (SBST) Members** | | | | | | | | | |

Parent/ Guardian:

Student:

Administrator:

Classroom Teacher:

Special Education Teacher:

School Social Worker:

School Psychologist:

School Counselor:

Speech Therapist:

School Nurse:

Occupational Therapist:

Physical Therapist:

Behavior Consultant:

Other:

**Note: A progress monitoring report must be completed separately for each target behavior addressed by this student’s plan.**

|  |  |
| --- | --- |
| Named Target Behavior |  |
| Operational Definition |  |

Student has consistently demonstrated the desired long-term behavior(s) for at least twelve weeks. Discontinue plan.

Target behavior has decreased and student has begun to engage in the desired long-term behavior but has not achieved consistency in demonstrating the desired long-term behaviors. Continue plan as is or review factors below to modify and improve plan effectiveness.

Target behavior has decreased and replacement behaviors have increased; however, student has not yet been able to demonstrate desired long-term behaviors. Continue plan as is or review factors below to modify and improve plan effectiveness.

Target behavior remains steady on average/ Replacement behavior is seen infrequently, if at all. Consider possible factors at play:

|  |  |
| --- | --- |
| Possible Factors Contributing to Maintenance of the Target Behavior/ Barriers to Success | Plan for Reducing Barriers |
| Student has inconsistent attendance |  |
| Interventions are not delivered consistently |  |
| Student is not motivated by intervention |  |
| Some interventions do not match suspected function |  |
| Function of behavior is in question |  |
| Plan has been in place for less than four weeks |  |
| School/ home communication/ collaboration barriers |  |
| Other: |  |

**Additional Notes** (Visual Data Summary is attached)**:**

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