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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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