

BEHAVIORAL INTERVENTION PLAN

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Check one: ☐ Initial Plan ☐ Revised Plan

To be completed by student's IEP Team

Student's Name: _____	Date: _____
Birth date/Age: _____	Grade: _____
Address: _____	Home Phone: _____
City: _____	School: _____
Parent(s)/Guardian Name: _____	

STUDENT'S PROBLEM BEHAVIOR(S):

- | | | | | | |
|--------------------------------------|---|---|--|--|--|
| <input type="checkbox"/> Tardy | <input type="checkbox"/> Inappropriate Language | <input type="checkbox"/> Disrupts class activity | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Work completion | <input type="checkbox"/> Verbal harassment |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Fighting/aggression | <input type="checkbox"/> Insubordinate/disrespect | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Underachievement |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Other: _____ | | | | |

(Describe)

What is/are the function(s) or the purpose(s) of the student's behavior?

ESCAPE

- | | |
|--|---|
| <input type="checkbox"/> Avoid a demand or request | <input type="checkbox"/> Escape the classroom/setting |
| <input type="checkbox"/> Avoid an activity/task | <input type="checkbox"/> Escape the school |
| <input type="checkbox"/> Avoid a person | <input type="checkbox"/> Other: (Identify) _____ |

ATTENTION/CONTROL

- | | |
|--|--|
| <input type="checkbox"/> Get desired item/activity | <input type="checkbox"/> Get sent to preferred adult |
| <input type="checkbox"/> Gain adult attention | <input type="checkbox"/> Other: (Identify) _____ |
| <input type="checkbox"/> Gain peer attention | |

BEHAVIORAL GOAL(S): State in **observable** and **measurable** terms the desired **REPLACEMENT** behavior(s) for the student.

1. _____

2. _____

METHODS OF TEACHING THE DESIRED REPLACEMENT BEHAVIOR:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Direct instruction | <input type="checkbox"/> Social skills training | <input type="checkbox"/> Anger management | <input type="checkbox"/> Use of mentors | <input type="checkbox"/> Teach alternate behaviors |
| <input type="checkbox"/> Providing cues | <input type="checkbox"/> Role playing | <input type="checkbox"/> Modeling | <input type="checkbox"/> Teach self-monitoring | <input type="checkbox"/> Use differential reinforcement |
| <input type="checkbox"/> Behavior contract | <input type="checkbox"/> Stress management | <input type="checkbox"/> Decision-making training | | |
| <input type="checkbox"/> Other: (Identify) _____ | | | | |

ACCOMMODATIONS TO ASSIST THE STUDENT IN DISPLAYING THE REPLACEMENT BEHAVIOR:

- | | | |
|--|--|---|
| <input type="checkbox"/> Clear, concise directions | <input type="checkbox"/> Supervise free time | <input type="checkbox"/> Provide alternate recess |
| <input type="checkbox"/> Frequent reminders/prompts | <input type="checkbox"/> Avoid strong criticism | <input type="checkbox"/> Avoid physical contact |
| <input type="checkbox"/> Frequent breaks/Allow to escape | <input type="checkbox"/> Predictable, routine schedule | <input type="checkbox"/> Provide cooling off period |
| <input type="checkbox"/> Teacher/staff proximity | <input type="checkbox"/> Specified study area | <input type="checkbox"/> Provide highly structured setting |
| <input type="checkbox"/> Reprimand the student privately | <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Minimize/Structure transition time |
| <input type="checkbox"/> Modify assignments | <input type="checkbox"/> Avoid power struggles | <input type="checkbox"/> Communicate regularly with parents |
| <input type="checkbox"/> Review rules and expectations | <input type="checkbox"/> Specifically define limits | |
| <input type="checkbox"/> Other: (Identify) _____ | | |

POSITIVE REINFORCEMENTS FOR DISPLAYING THE DESIRED REPLACEMENT BEHAVIOR:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Verbal praise | <input type="checkbox"/> Computer Time | <input type="checkbox"/> Immediate Feedback | <input type="checkbox"/> Earned Privileges |
| <input type="checkbox"/> Positive Phone Calls Home | <input type="checkbox"/> Free Time | <input type="checkbox"/> Tangible Rewards | <input type="checkbox"/> Positive Visits to Administrator |
| <input type="checkbox"/> Other(s): _____ | | | |

METHODS OF MEASURING THE STUDENT'S PROGRESS:

<input type="checkbox"/> Direct Observation	<input type="checkbox"/> Weekly behavior sheet	<input type="checkbox"/> Self-monitoring
<input type="checkbox"/> Daily behavior sheet	<input type="checkbox"/> Charting/graphing	<input type="checkbox"/> Number of discipline referrals
<input type="checkbox"/> Other: (Identify) _____ (Identify)		

NEGATIVE CONSEQUENCES FOR DISPLAYING INAPPROPRIATE BEHAVIOR:

<input type="checkbox"/> Phone call home	<input type="checkbox"/> Level drop/Loss of points	<input type="checkbox"/> Verbal reprimand	<input type="checkbox"/> Planned ignoring	<input type="checkbox"/> In-school suspension
<input type="checkbox"/> Send to office	<input type="checkbox"/> Loss of privileges	<input type="checkbox"/> Physical management	<input type="checkbox"/> Exclusion from extra-curricular activity	<input type="checkbox"/> Out-of-school suspension
<input type="checkbox"/> Time out/Cool off	<input type="checkbox"/> Detention	<input type="checkbox"/> Escort to another area		
<input type="checkbox"/> Other: (Identify) _____				

The student will follow the District's School Wide Discipline Policy. (If NO, complete next statement.) ☐ Yes
☐ No

Because of the nature of the student's disability (i.e., inability to understand and/or follow directions) the following adaptations will be applied to the District's School Wide Discipline Policy: Student's Primary disability is: _____

Identify the Interim Alternative Educational Setting (IAES) to be used if the student's suspension may exceed ten (10) consecutive school days:

PERSON(S) RESPONSIBLE FOR IMPLEMENTING THIS BEHAVIOR INTERVENTION PLAN:

<input type="checkbox"/> Gen ed teacher(s)	<input type="checkbox"/> School administrator(s)	<input type="checkbox"/> Classroom assistant(s)	<input type="checkbox"/> Related service provider(s)
<input type="checkbox"/> Sp ed teacher(s)	<input type="checkbox"/> Parent(s)/Guardian	<input type="checkbox"/> Behavior intervention specialist(s)	<input type="checkbox"/> School Counselor
<input type="checkbox"/> Other: (Identify) _____			

Indicate the number of instructional weeks before this Behavioral Intervention Plan is evaluated: _____.

This Behavioral Intervention Plan reflects the IEP team's consensus determination regarding appropriate behavioral intervention services. Person(s) in disagreement may indicate by checking no after their signature and attaching a statement summarizing their reason for disagreement.

IEP TEAM	SIGNATURE	Team Decision Agreement	
Administrator	_____	_____ Yes	_____ No
Sp. Ed. Teacher	_____	_____ Yes	_____ No
Reg. Ed. Teacher	_____	_____ Yes	_____ No
Parent(s)/Guardian	_____	_____ Yes	_____ No
Other	_____ Title _____	_____ Yes	_____ No
Other	_____ Title _____	_____ Yes	_____ No
Other	_____ Title _____	_____ Yes	_____ No

The parent(s)/guardian have received notification and a copy of their Parental Rights including the right to request a hearing, if in disagreement with the IEP Team consensus determination.

Parent's/Guardian Signature Verifying Notification: