**Behavior Intervention Plan**

 **Date:**

**District** **Grant County Schools School: Enter School Name Here**

|  |  |  |
| --- | --- | --- |
| **Name:**       | **DOB:**       | **Student ID #:**       |
| **Disability:**  |  | **Grade:**       |

Date of IEP to which this BIP was attached:

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| --- |
| **STRENGTHS:** List academic and/or behavioral strengths of this student. |
|       |
| **WEAKNESSES:** List academic and/or behavioral weaknesses of this student. | **TRIGGERS (ANTECEDENTS) OF BEHAVIOR:** |
|       |       |
|       |       |
|       |       |
| **BEHAVIORS:** Should be observable and measurable. |
| **TARGET BEHAVIORS:** List the specific target behaviors which most significantly impair the student’s ability to be successful (e.g. - social, emotional, and academic). | **REPLACEMENT BEHAVIORS:** List appropriate and attainable replacement behaviors for this student.  |
|       |       |
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**Behavior Intervention Plan**

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| **Name:**       | **DOB:**       | **Student ID #:**       |

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| **EXPECTED RESULTS:** List the anticipated outcomes and a target date for achieving those outcomes. |
| **Target Date** | **Anticipated Outcome(s)** |
|       |       |
|       |       |
|       |       |
| **BEHAVIOR MODIFICATION PLAN COMPONENTS:** Describe in detail the specific intervention strategies which will be used to produce the replacement behaviors. “The key component of the BIP is the use of positive interventions.” (Yell, Bradley, Katsiyannis, & Rozalski, 2000) |
| * REWARDS

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| * CONSEQUENCES

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| * MONITORING/POINT SHEETS

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| * DIRECT INSTRUCTION OF SOCIAL SKILLS

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| * TIME OUT/ISOLATION/COOL DOWN

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| * COMMUNICATION WITH PARENTS

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| * OTHER MODIFICATIONS

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