Enter District Name Here

BEHAVIOR INTERVENTION PLAN

**Date(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |
| Date of Birth: |       | Grade: |    |
| School: |       | Disability*:* |  |
| Person(s) developing BIP:       |

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Guiding Questions** | **Student’s strengths and/or preferences** |
| 1. What do the results of interviews, learning style inventories, reinforcement inventories; ILP, etc. tell you about the strengths, interest/s of the student?
 |       |
| 1. What does the student like to do or enjoy doing? What does the student like to talk about, read about, draw about, write about, play with?
 |       |
| 1. What are the student’s learning preferences?
 |       |
| 1. Where, when, with whom is the student successful?
 |       |
| 1. Who are important people in the student’s life in and out of school?
 |       |
| 1. Has anything happened at home that could impact the student in the school environment?
 |       |
| 1. What consequences (positive or negative) have worked to increase positive behavior (include length of time implemented )?
 |       |
| 1. What tangibles/rewards have been effectively used in the past to work with the student?
 |       |

**TARGET BEHAVIOR/BEHAVIOR OF CONCERN**

|  |  |
| --- | --- |
| **Guiding Questions** | **Target Behavior/Behavior of concern** |
| 1. Define the target behavior/behavior of concern in measurable, observable, and objective terms.
 |       |
| 1. Under what circumstances is the behavior most likely/least likely to occur (e.g., changes in environment, availability of materials, time of day, clarity of expectations, interactions, type of activity/task, etc.)?
 |       |
| 1. What is the intensity level of the target behavior/behavior of concern?
 |       |
| 1. How often does the behavior occur?
 |       |
| 1. Where does the behavior occur (setting)?
 |       |
| 1. Where does the behavior not occur (setting)?
 |       |
| 1. What type of activity is the behavior more likely to occur (setting event)?
 |       |
| 1. Is there a pattern of what type of task the student is involved when the target behavior/behavior of concern occurs (content, level of difficulty for student [e.g., too difficult, too easy])?
 |       |

**FUNCTION OF BEHAVIOR**

|  |  |
| --- | --- |
| **Guiding Questions** | **Function of the Behavior** |
| What is the function of the target behavior/behavior of concern?  | [ ]  access or gain      [ ]  escape or avoid       |

**REPLACEMENT BEHAVIOR**

|  |  |
| --- | --- |
| **Guiding Questions** | **Replacement Behavior** |
| Describe an acceptable behavior to replace the target behavior/behavior of concern. (Replacement behavior must meet the same function as the targeted behavior/behavior of concern.) |       |

**NOTE: If the student has an IEP, ensure that there is an IEP goal connecting to this target behavior/behavior of concern.**

**INSTRUCTIONAL STRATEGIES FOR INCREASING APPROPRIATE BEHAVIOR**

|  |  |
| --- | --- |
| **Guiding Questions** | **Structures/Supports Needed****(Environment)** |
| 1. Does the student know what is expected of him/her throughout the day (e.g., schedules, agenda, and visual supports)?
 |       |
| 1. Is the physical structure of the classroom impacting behavior? What modifications (instructional/environmental) are needed?
 |       |
| 1. Are the daily instructional objectives and delivery of instruction appropriate for the student? Is the delivery of instruction at the student’s instructional level or frustration level?
 |       |
| 1. Is the student’s communication *system* (i.e., PECS, AAC, etc.) readily available and routinely used by the student and staff?
 |       |
| 1. What are the precorrection strategies and cues needed to remind the student not to exhibit target behavior?
 |       |
| **Monitored by:** |       |  |
| **SPECIFIC PLan to teach the replacement behavior** |
| **Guiding Questions:** 1. What skills are needed for the student to demonstrate the replacement behavior (e.g., communication, anger management, self-management systems, social skills, conflict resolution, and generalization)? 2. What direct instruction and practice opportunities are you providing to teach the replacement behavior? |
| **Who** | **Will teach what replacement behavior** | **Frequency** | **Instructional Minutes** | **Location** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |  |
| **Monitored by:** |       |  |

|  |  |
| --- | --- |
| **Is social skills instruction documented in the IEP?** | [ ]  **YES** [ ]  **NO** |
| **Reinforcement System to Increase Replacement Behavior and** **Decrease the Target Behavior/Behavior of concern**: |
|  |  |
| **Guiding Questions** | **Reinforcement System Needed** |
| 1. What student reinforcement preference assessment, inventory, or interview was used and what were the results?
 |       |
| 1. What type of reinforcer (e.g., praise peer attention, adult attention tangibles) will be used?
 |       |
| 1. Does the reinforcer meet the needs of the student and match the function of the behavior?
 |       |
| 1. What type of delivery system will be used (e.g., token, points, tickets, stickers, sticks, money)?
 |       |
| 1. How often and by what criteria will the reinforcement be delivered (e.g., procedure, schedule)?
 |       |
| 1. What fading procedures will be used?
 |       |
|  |  |  |  |  |
| **Monitored by:** |       |
|  |  |
| **REACTIVE STRATEGIES TO USE WHEN TARGET BEHAVIORS OCCUR** |
|  |  |
| **Guiding Questions** | **Reactive Strategies** |
| 1. What correction procedures and/or consequences will be used when target behavior occurs?
 |       |
| 1. What feedback will be provided to remind the student to use replacement behavior?
 |       |
| 1. Is there a need for a Crisis Plan?
 | [ ]  NO [ ]  YES. Attach a copy of the plan. |
| 1. Are there health concerns to be considered when implementing the crisis plan?
 | [ ]  NO [ ]  YES. Attach a copy of the plan. |
| 1. What type of reflective instructional correction strategies will be used when the target behavior occurs?
 |       |
|  |  |
| **Implementers:** |  |
|  |  |  |  |
| **COMMUNICATION PROVISIONS**Attach documentation to be used (e.g., daily checklist, point sheet, parent-o-gram, weekly note). |
| **Guiding Questions** | **Communication Provisions** |
| 1. How will regular communication among staff take place to evaluate, and/or revise, including frequency?
 |       |
| 1. How will parents be consistently informed of progress?
 |       |
| 1. How will the student consistently be informed of progress?
 |       |
|  |  |
| **Monitored by:** |  |

Title Only

|  |
| --- |
| **PROGRESS MONITORING** |
| **Target Behavior/ Behavior of concern:**  |       |

|  |
| --- |
| **MONITORING OF BEHAVIOR IMPROVEMENT PLAN** |
|  |
| **Data:**Establish the baseline data for the target behavior/behavior of concern. **Maintain daily/weekly data and document on this graph or see attachment.** |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| [ ]  See Attached. |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| Staff member responsible for collecting and maintaining data:      |       |       |       |       |       |       |       |       |
|  |  | **Baseline** | **Progress Reports** |
|  |
| **PROGRESS ANALYSIS**Based on the ongoing progress data above and **attached summary data** (e.g., graphs, behavior incidence log summaries, and/or data collection sheet scores), answer the following questions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Review Dates:** |  |  |  |  |  |  |
| 1. Is the problem behavior decreasing in frequency and intensity?
 |       |       |       |       |       |       |
| 1. Is the student using the replacement behavior regularly?
 |       |       |       |       |       |       |
| 1. Has the student generalized the use of the new behavior to various settings?
 |       |       |       |       |       |       |
| 1. Are there other positive effects (e.g., better grades, improved self-esteem, less stress)?
 |       |       |       |       |       |       |

If the **instructional strategies** and/or the **reactive** strategies on the Behavior Intervention Plan are not effective, revise or develop new strategies |
| BEHAVIOR INTERVENTION PLAN SUMMARY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Full Name:  |       | SSID: |       |
| Date of Birth: |       | Grade: |    |
| School: |       | Disability*:* |  |
| Person(s) developing BIP:       |

 |

|  |
| --- |
| **Target Behavior/Behavior of Concern 1:**       **Function of Behavior:**      **Replacement Behavior:**      **Strategies to implement:** **When Replacement behavior occurs:**       **When Problem behavior occurs:**      **Data to collect:**       |
| **Target Behavior/Behavior of Concern 2:**       **Function of Behavior:**      **Replacement Behavior:**      **Strategies to implement:** **When Replacement behavior occurs:**       **When Problem behavior occurs:**      **Data to collect:**       |
| **Target Behavior/Behavior of Concern 3:**       **Function of Behavior:**      **Replacement Behavior:**      **Strategies to implement:** **When Replacement behavior occurs:**       **When Problem behavior occurs:**      **Data to collect:**       |
| **Additional Considerations****Instructional Strategies to support success:**      **Crisis plan:**      **Person(s) to communicate progress to:**      **Date(s) to review BIP:**       |

 |