Enter District Name Here

BEHAVIOR INTERVENTION PLAN

**Date(s):**

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

**STUDENT INFORMATION**

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| **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**

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| **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**

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| **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**

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| **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**

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| **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** | |
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| **Monitored by:** | | |  | |  |

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| **Is social skills instruction documented in the IEP?** | | | | | | | | | | **YES**  **NO** | | |
| **Reinforcement System to Increase Replacement Behavior and**  **Decrease the Target Behavior/Behavior of concern**: | | | | | | | | | | | |
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| **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? | | | | | | |  | | | | |
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| **Monitored by:** | |  | | | | | | |
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| **REACTIVE STRATEGIES TO USE WHEN TARGET BEHAVIORS OCCUR** | | | | | | | | | | | |
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| **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? | | | | | | |  | | | | |
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| **Implementers:** | |  | | | | | | | | | |
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| **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? | | | | | | |  | | | | |
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| **Monitored by:** | |  | | | | | | |

Title Only

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

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| **MONITORING OF BEHAVIOR IMPROVEMENT PLAN** | | | | | | | | |
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| **Data:**  Establish the baseline data for the target behavior/behavior of concern.  **Maintain daily/weekly data and document on this graph or see attachment.** |  |  |  |  |  |  |  |  |
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| See Attached. |  |  |  |  |  |  |  |  |
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| Staff member responsible for collecting and maintaining data: |  |  |  |  |  |  |  |  |
|  |  | **Baseline** | **Progress Reports** | | | | | |
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| **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:** | | | | | | | | | |