 BEHAVIOR INTERVENTION PLAN

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| STUDENT NAME: | | STUDENT DOB: | STUDENT ID: | INITIAL BIP DATE: |
| CHRONOLOGICAL AGE: | DOMINANT LANGUAGE:  ENL?  YES  NO | | SCHOOL: | BIP UPDATED: 1)      ; 2)      3)      ; 4)      5)      ; 6) |
| GRADE: |
| IS STUDENT CSE IDENTIFIED?  YES  NO | IF IDENTIFIED – CLASSIFICATION: | | CLASS PLACEMENT: | 504?  YES  NO |
| INDIVIDUALS/STAFF WHO DEVELOPED ORIGINAL BIP DOCUMENT (include title):  CURRENT STAFF RESPONSIBLE FOR BIP IMPLEMENTATION (include title): | | | | |

(Version 10/18/2018)

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| **Re-state** Information Obtained on the Functional Behavior Assessment |
| TARGET BEHAVIOR:    GOAL BASELINE:  REPLACEMENT BEHAVIOR:  INITIAL BASELINE OF THE TARGET BEHAVIOR:  FREQUENCY- How often a behavior occurs- (Indicate if N/A)  DURATION –The length of time a behavior lasts- (Indicate if N/A)  LATENCY –How long it takes for a behavior to begin after a specific stimulus- (Indicate if N/A)  INTENSITY –How severe the behavior is-  HYPOTHESIS FROM THE FBA:  WHEN THIS OCCURS (describe the circumstances/setting events)  THE STUDENT DOES (describe the target behavior)  TO GET/AVOID (describe the consequences) |

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| **SECTION 1 - SETTING EVENT INTERVENTIONS (Must have a minimum of 1 intervention)** | | | | |
| **Intervention:** | **Person(s) Responsible:** | **Start Date:** | **End Date:** | **Current Intervention?** |
| 1. |  |  |  | Yes  No |
| 2. |  |  |  | Yes  No |
| 3. |  |  |  | Yes  No |

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| **SECTION 2 - ANTECEDENT INTERVENTIONS (Must have a minimum of 1 intervention)** | | | | |
| **Intervention:** | **Person(s) Responsible:** | **Start Date:** | **End Date:** | **Current Intervention?** |
| 1. |  |  |  | Yes  No |
| 2. |  |  |  | Yes  No |
| 3. |  |  |  | Yes  No |

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| **SECTION 3 – INTERVENTIONS TEACHING ALTERNATE BEHAVIORS (Must have a minimum of 1 intervention)** | | | | |
| **Intervention:** | **Person(s) Responsible:** | **Start Date:** | **End Date:** | **Current Intervention?** |
| 1. |  |  |  | Yes  No |
| 2. |  |  |  | Yes  No |
| 3. |  |  |  | Yes  No |

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| **SECTION 4 - CONSEQUENCE INTERVENTIONS**  **(Must have a minimum of 1 intervention for Target Behavior and one intervention for Replacement Behavior)** | | | | |
| CONSEQUENCE INTERVENTIONS FOR TARGET BEHAVIOR | | | | |
| **Intervention:** | **Person(s) Responsible:** | **Start Date:** | **End Date:** | **Current Intervention?** |
| 1. |  |  |  | Yes  No |
| 2. |  |  |  | Yes  No |
| 3. |  |  |  | Yes  No |
| CONSEQUENCE INTERVENTIONS FOR REPLACEMENT BEHAVIOR | | | | |
| **Intervention:** | **Person(s) Responsible:** | **Start Date:** | **End Date:** | **Current Intervention?** |
| 1. |  |  |  | Yes  No |
| 2. |  |  |  | Yes  No |
| 3. |  |  |  | Yes  No |

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| **PROGRESS MONITORING** |
| A SCHEDULE TO MEASURE THE EFFECTIVENESS OF THE INTERVENTIONS WILL BE ESTABLISHED USING THE SAME METHODS (FREQUENCY, DURATION, LATENCY, AND/OR INTENSITY) USED TO COLLECT BASELINE DATA:  Who will collect progress monitoring data?  At what intervals will data be collected? (Example: Daily, Every other day or Weekly. Low frequency behaviors must be documented “as they occur”)  Progress monitoring data will be reviewed by the student’s FBA team and communicated to parent/guardian (Data should be reviewed minimally every 6-8 weeks) |