 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)  |