**Behavior Intervention Plan**

**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Action Team Members: Date of Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. **Competing Behavior Pathway** | |  | **Desired Replacement**  **(Long Term Objective)** | **Reinforcing Consequences for Desired Replacement** |  |
| **Setting Event** | **Triggering Antecedent** | | **Problem Behavior** | **Maintaining Consequences** | **Function** |
|  | |  | **Alternative Replacement Behavior** |  |  |

1. **Intervention Strategies**

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| **Setting Event Strategies** | **Antecedent Strategies** | **Teaching Strategies** | **Consequence Strategies to Reinforce Appropriate Behavior** |
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1. **Consequence Strategies:** (Response strategies &/or environmental manipulations that make consequences for problem behavior ineffective**)**
2. **Crisis Prevention & Intervention Procedures**
3. **Implementation Plan**

**Person responsible for training school personnel how to implement each part of the BIP**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline for completing the training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Tasks to Complete & Resources Needed** | **Person Responsible** | **Timeline** |
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1. **Monitoring & Evaluation Plan**

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| **Behavioral Goal**  **(specific, observable, measurable)** | **Procedures for Data Collection** | **Person Responsible &**  **Timeline** | **Review**  **Date:** | **Evaluation Decision**   * **Monitor** * **Modify** * **Discontinue** |
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**Generalization & Maintenance**

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| **Strategy** | **Person Responsible & Timeline** |
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We agree to the conditions of this plan:

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Student (date) Parent or guardian (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher (date) Teacher (date)

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Action Team member (date) Action Team member (date)