**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 (Short Term Objective)** |  |  |

1. **Intervention Strategies**

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| **Setting Event Strategies** | **Antecedent Strategies** | **Teaching Strategies** | **Consequence Strategies to Reinforce Desired Behavior** |
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1. **Consequence Strategies to Respond to Inappropriate Behavior:** (Response strategies &/or environmental manipulations that make consequences for problem behavior ineffective**)**
2. **Safety Plan**

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| **Phase** | **What Student Does** | **Staff Response** |
| Stimulation/Agitation |  |  |
| Escalation/Acceleration |  |  |
| Crisis/Peak |  |  |
| Deescalation |  |  |
| Recovery |  |  |

1. **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** | **Completed** |
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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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| **Data to be Collected** | **Procedures for Data Collection** | **Person Responsible** | **Timeline** |
| **Is Plan Being Implemented?**  **(Fidelity of Implementation)**  **Is Plan Making a Difference?**  **(Social Validity)** |  |  |  |

**Generalization & Maintenance**

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| --- | --- |
| **Strategy** | **Person Responsible & Timeline** |
|  |  |

We agree to the conditions of this plan:

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Student (date) Parent or guardian (date)

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

Teacher (date) Teacher (date)

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

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