

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____
ID NUMBER: _____ GRADE: _____
DATE OF BIRTH: _____ GENDER: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
DISTRICT OF RESIDENCE: _____
DISTRICT OF SERVICE: _____

MEETING INFORMATION

MEETING DATE: _____
EFFECTIVE START DATE: _____
EFFECTIVE END DATE: _____
NEXT BIP REVIEW: _____
DOES CHILD HAVE IEP? YES NO

PARENTS'/GUARDIAN'S INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____
NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION

INSTRUCTIONS

What are behavior intervention plans?

Behavior intervention plans are teaching tools.

There are four areas of focus in a behavior intervention plan: (1) Adjustment of environmental factors; (2) Decrease of interfering behaviors; (3) Acquisition of replacement behaviors; and (4) Strengthen existing skills. All behavior intervention plans should include proactive approaches to changing behavior. The purpose of a behavior intervention plan is to ensure the environment is conducive to learning and to teach the student what "to do instead."

The design of behavior intervention plans leads to positive outcomes for students.

The behavior intervention plan is developed as a means of coordinating intervention activities. Discipline, when used as a proactive approach in the behavior intervention planning process, addresses the cause of the behavior and helps to create a safe, positive learning environment for all. Effective discipline provides appropriate logical consequences for behavior and results in long-term positive behavioral changes. Discipline does not focus on the behavior in isolation or "quick fixes." Rather, it is a learning process that provides the child with an opportunity to learn new skills so that he/she can be an effective student.

The behavior intervention planning process is a collaborative problem solving approach involving all stakeholders.

A behavior intervention plan serves as a communication tool developed by a team that is made up of "stakeholders." Stakeholders, as used in this context, may mean the student, the parents/family members, general and special educators who work with the student, peers, a key administrator and support service providers who may provide support services. These individuals know the student best and are essential to behavior planning.

How should the functional behavioral assessment be conducted in the behavior intervention planning process?

Functional behavioral assessment is a collaborative problem-solving process that is used to describe the "function" or purpose that is served by a student's behavior. Understanding the "function" that an impending behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

The collaborative problem-solving process is the foundation for many team processes in education including the IEP planning process, functional behavior assessment, behavior intervention planning process and intervention-based assessment.

The following sections outline a systematic collaborative problem solving process to guide behavior intervention planning, either as a component of the IEP or as an intervention plan for a student with or without a disability.

FBA Functional Behavior Assessment

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

DIRECTIONS: A functional behavioral assessment (FBA) must be conducted when the IEP team determines that the student's behavior is a manifestation of the student's disability. A FBA may be conducted, as determined appropriate by the student's IEP team, if the student's behavior results in disciplinary action that changes the child's placement on the continuum of alternative placement options. Please fill out a separate copy of this form for each behavior being assessed.

DATE OF MEETING: _____ PRIMARY MODE OF COMMUNICATION: _____

BEHAVIOR OF CONCERN: Provide a description of the behavior in observable and measurable terms. Include a description of the intensity, frequency and duration of the problem behavior.

WHAT TRIGGERS THE BEHAVIOR: Include a description of the environmental factors which may contribute to the behavior (e.g. medical conditions, sleep, diet, scheduling and social factors).

SETTING OR EVENT WHERE BEHAVIOR IS MOST LIKELY TO OCCUR: Describe the setting in which the behavior occurs (time of day, physical setting, persons involved). Include a description of any relevant events that preceded the target behavior.

HOW OFTEN/HOW LONG: Describe the time between the request to stop or change the behavior and the time of the student's response to the request.

SETTING OR EVENT WHERE BEHAVIOR IS LEAST LIKELY TO OCCUR: Describe the setting in which the behavior is least likely to occur (time of day, physical setting, persons involved).

PERSON(S) WITH WHOM BEHAVIOR IS MOST LIKELY TO OCCUR:

PERSON(S) WITH WHOM BEHAVIOR IS LEAST LIKELY TO OCCUR:

ADULT RESPONSE: Describe the adult response to the student's behavior.

OUTCOMES: Include a description of the outcomes that resulted from the behavior of concern.

FUNCTION OR PURPOSE OF BEHAVIOR: Describe the perceived function or purpose of the behavior (e.g. attention seeking, avoidance, power, object seeking, stimulation)

OTHER RELEVANT INFORMATION: Include any other relevant information (e.g. medical)

SUMMARY STATEMENT

Describe the behavior of concern using the observable and measurable data above.

SIGNATURES

NAME	TITLE	SIGNATURE	DATE

Documentation of Interventions

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ DATE OF BIRTH: _____ GRADE: _____
 SCHOOL: _____ DATE OF MEETING: _____ DATE OF FOLLOW-UP MEETING: _____

INTERVENTION INFORMATION

AREA(S) OF CONCERN & BASELINE DATA	INTERVENTION(S) (Include Intervention Timeline)	EVALUATION PROCEDURES	PERSON RESPONSIBLE	STUDENT'S RESPONSE TO INTERVENTION(S) (Follow-Up Data)

PARTICIPANTS: (Name/Title)

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

PLAN INFORMATION

DATE OF MEETING: _____ DATE OF IMPLEMENTATION: _____ PROJECTED DATE FOR REVIEW: _____

SOURCES OF INFORMATION: List sources of information used in the FBA, both formal and informal, to develop this plan.

STRENGTH BASED PROFILE: Identify skills and interests, positive relationships, pro-social behaviors, family and community supports.

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA) SUMMARY STATEMENT: Describe the specific behavior of concern using the observable and measurable data as summarized in the FBA.

FUNCTIONAL EQUIVALENT REPLACEMENT BEHAVIOR: Describe the behavior that the student should use in replacement for the behavior of concern.

BIP STRATEGIES/OUTCOMES WORKSHEET: Based on summary identify the strategy, what will be done, when and where the strategy will occur.

Strategy Area	What Will Be Done?	When Will It Be Done?	Where Will the Strategy Occur?
Antecedent Strategies (to reduce the triggers as identified on the FBA)			
Setting & Event Strategies (to reduce the impact of setting & events as identified on the FBA)			
Behavior Teaching Strategies [Alternative Behaviors] (to increase the likelihood that the appropriate replacement behavior will occur through instruction)			
Reinforcement Strategies (to reinforce the functional equivalent replacement behavior)			

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

NUMBER: _____ AREA: _____

BEHAVIOR ACTION PLAN

GOAL STATEMENT (Including criterion for success): (Use one page for each goal).

SKILL(S) TO BE TAUGHT:

INTERVENTION(S) TO BE PROVIDED:

ACCOMMODATION(S) TO BE PROVIDED:

PERSON(S) RESPONSIBLE FOR TEACHING SKILL: _____

MEASURING PROGRESS

Indicate how the plan will be measured and by whom. Identify the desired performance level for either increasing the occurrence of the identified functional equivalent replacement behavior(s) or decreasing the occurrence of the behavior of greatest concern (criterion for success).

METHOD(S) USED TO COLLECT DATA: _____

PERSON(S) RESPONSIBLE FOR DATA COLLECTION: _____

PERSON RESPONSIBLE FOR REPORTING PROGRESS: _____

METHOD(S) USED TO REPORT PROGRESS: _____

FREQUENCY FOR REPORTING PROGRESS: _____

SUPPORT FOR SCHOOL PERSONNEL

Supports, resources and training needed for personnel to implement this plan in the current educational environment.

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

COMMUNICATING THE BEHAVIOR INTERVENTION PLAN

The plan will be communicated to the following people (i.e. bus driver, clinic aid, etc):

Person to be contacted:	How contact will be made:	Person Responsible:	Initial Contact Date & Frequency:

CRISIS INTERVENTION PLAN

If the student's behavior has the potential to produce harm, summarize the steps to be taken to protect all parties.

- Detailed on separate plan (and communicated with the Behavior Intervention Plan)
- Not needed at this time

TEAM MEMBERS

NAME	TITLE	SIGNATURE	DATE

Parent provided a copy of the Behavior Intervention Plan

DATE: _____

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

CRISIS INTERVENTION PLAN If the student's behavior has the potential to produce harm, summarize the steps to be taken to protect all parties.

BIP Behavior Intervention Plan

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____ GRADE: _____ DATE OF BIRTH: _____

CONTINUATION OF _____