

BEHAVIOR INTERVENTION PLAN

Student Name: _____ Date: _____

School: _____ Age: _____ Gender: _____

Please indicate why BIP is being developed: _____

★ Except for the behavior identified in the BIP, Schoolwide discipline plan will be implemented.

() *This **Behavior Intervention Plan (BIP)** is being created for this student because persistent and/or severe behavior is being exhibited that interferes with the student's learning or the learning of others and interventions are needed to positively redirect the targeted behavior. The approach identifies the type and cause of the behavior and then helps the student learn replacement behaviors through a combination of positive interventions and supports, as well as appropriate consequences. In addition to defining how the student is to be taught the skills needed for behavior modification, the plan includes provisions for monitoring progress and crisis management.*

() *Single incident*

TARGETED BEHAVIOR:

Is this behavior a () SKILL DEFICIT or a () PERFORMANCE DEFICIT?

Skill deficit: The student does not know how to perform the desired behavior.

Performance deficit: The student knows how to perform the desired behavior, but does not consistently do so.

Presumed FUNCTION (cause) of the behavior: What desired thing(s) is the student trying to GET? Or
What Undesired thing(s) is the student trying to AVOID?

INTERVENTION STRATEGIES:

1. *ENVIRONMENT* and/or *CIRCUMSTANCES*
How can the environment or circumstances that trigger the behavior be adjusted?
2. *CURRICULUM* and/or *INSTRUCTION*
How would changes in the curriculum or instructional strategies be helpful?
3. What *OTHER STRATEGIES* or *POSITIVE SUPPORTS* (including school personnel, peers or family) have been tried?

DESIRED REPLACEMENT BEHAVIOR:

What behavior will the student be taught to replace the targeted behavior? How and by Whom?

REWARDS/MOTIVATORS:

How will the student be reinforced so that the replacement behaviors are more motivating than the problem behavior?

CONSEQUENCES: What consequences will be implemented for repeated occurrences of the problem behavior:

1st occurrence?

2nd occurrence?

3rd occurrence?

continuing?

CRISIS PLAN: (To be completed if applicable) How will an emergency situation or behavior crisis be handled? (Define possible scenarios, including the use of in-school or out-of-school suspension, or aversive techniques, as appropriate)

MONITORING OF BEHAVIOR:

Assessment/Evaluation Method

Data to be collected

Review Dates

Monitored by

Additional notes/information regarding this BIP:

Signatures:

Student: _____

Parent: _____

Teacher _____

Other Support Staff _____
(Social Worker, School Psychologist, Nurse, Counselor, etc.)

Other _____

If parent is not in attendance list date the parent was notified and by whom:

_____ ***Date*** _____ ***By Whom***