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| **Behavior Intervention Plan (BIP)** |

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| Student Name: |  | BIP Date: |  | BIP Review Date: |  | BIP Date: |  |
| School: |  | | | Age: |  | Gender: |  |
| Area(s) of exceptionality: |  | | | | | | |
| *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.* | | | | | | | |

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| |  | | --- | | **Problem Behavior and Target Goal:** (in measurable observable terms) | |
| |  | | --- | | **Is this behavior a  SKILL DEFICIT and/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. | |  | | **How do you know?** | |  | |
| |  | | --- | | **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** | |  | Can the environment or circumstances that trigger the behavior or the result of it be adjusted? If so, how? | |  |  | |  |  | | 2. | **CURRICULUM and/or INSTRUCTION** | |  | Would change in the curriculum or instructional strategies be helpful? If so, what and by whom? | |  |  | |  |  | | 3. | **OTHER STRATEGIES or POSITIVE SUPPORTS** *(including school personnel, peers, or family)* | |  |  | |
| |  | | --- | | **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? | |  | |
| |  | | --- | | **CRISIS PLAN:** 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) | |  | |
| |  | | --- | | **Progress Monitoring of the Behavior and the Behavior Plan:** How will behavior be assessed and evaluated? What data will be collected? How and by whom? When will the plan be first reviewed for its effectiveness? Thereafter? | |  | |
| |  | | --- | | **Date plan will be reviewed for effectiveness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Additional notes/information regarding this BIP:** | |

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| **Meeting Participants** |
| Signature signifies attendance and participation in the development of the BIP. |
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| Name | Signature | Role | Date |
|  |  | Parent |  |
|  |  | Parent |  |
|  |  | SAT Chairperson |  |
|  |  | Administrator |  |
|  |  | Teacher |  |
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