**Intervention Plan for Behavior**

**Tier II**

**FUNCTIONAL ASSESSMENT CHECKLIST**

Student/ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Routine/Activities/Context:**

Which routine from the **Teacher Input for Addressing Behavior (Item B.1)** is assessed? Select routine from Item B.1 based on (a) similarity of activities (conditions) with ratings of 4, 5 or 6 and (b) similarity of problem behavior(s).

***Attach Teacher Input for Addressing Behavior Form***

|  |  |
| --- | --- |
| **Routine/Activities/Context** | **Problem Behavior(s)** |
|  |  |

**B. Provide more detail about the problem behavior(s):**

|  |
| --- |
| What does the problem behavior(s) look like?  How often does the problem behavior(s) occur?  How long does the problem behavior(s) last when it does occur?  What is the intensity/level of danger of the problem behavior(s)? |

**C. What are the events that predict when the problem behavior(s) will occur? (Predictors)**

|  |  |
| --- | --- |
| **Related Issues (setting events)** | Environmental Features |
| **illness**  **drug use**  **negative social**  **conflict at home**  **academic failure**  **Other** | reprimand  structured activity  physical demands  unstructured time  socially isolated  tasks too boring  with peers  activity too long  tasks too difficult  Other |

**D..What consequences appear most likely to maintain the problem behavior(s)?**

|  |  |
| --- | --- |
| **Things that are Obtained** | Things Avoided or Escaped From |
| adult attention  peer attention  preferred activity  money/things  Other | hard tasks Other:  reprimands  peer negatives  physical effort  adult attention  Other |

**SUMMARY OF BEHAVIOR**

**E. Identify the summary that will be used to build a plan of behavior support.**

|  |  |  |
| --- | --- | --- |
| **Setting Events & Predictors** | **Problem Behavior(s)** | **Maintaining Consequence(s)** |
|  |  |  |

**F. How confident are you that the Summary of Behavior is accurate? (Proceed with confidence of 5or 6)**

|  |
| --- |
| Not very confident Very Confident  1 2 3 4 5 6 |

**G. What current efforts have been used to control the problem behavior?**

|  |  |
| --- | --- |
| **Strategies for preventing problem behavior** | Strategies for responding to problem behavior |
| schedule change  parent/teacher conference  seating change:  curriculum change  other | reprimand  office referral  detention  other |

**BEHAVIOR SUPPORT PLAN: COMPETING BEHAVIOR PATHWAY**

Consequence

# Desired Behavior

# Setting Event

**Antecedent**

**Problem Behavior**

Consequence

**Function**

Alternative Behavior

*(Make problem behavior irrelevant) (Make problem behavior inefficient) (Make problem behavior ineffective)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Event Strategies** | **Antecedent Strategies** | **Behavior TeachingStrategies** | **Consequence Strategies** |
|  |  |  |  |

## BEHAVIOR SUPPORT PLAN: ACTION PLAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TASKS** | **Person Responsible** | **By When** | **Review**  **Date** | **Evaluation Decision**   * **Monitor** * **Modify** * **Discontinue** |
| **Prevention:** Make problem behavior irrelevant (environmental redesign) |  |  |  |  |
| **Teaching:** Make problem behavior inefficient (teach new skills) |  |  |  |  |
| **Extinction:** Make problem behavior ineffective (minimize reward for problem behavior |  |  |  |  |
| **Reinforcement:** Make desired behavior more rewarding. |  |  |  |  |
| **Safety:** Ensure safety of all (what to do in dangerous situations) (if needed) |  |  |  |  |

\*If emergency behavior management procedures are necessary, attach safety plan as separate sheet.

**BEHAVIOR SUPPORT PLAN: EVALUATE PLAN**

**BEHAVIOR GOAL**

(Use specific, observable, measurable descriptions of goal)

What is the short-term behavioral goal?

|  |
| --- |
|  |

Expected date:

|  |
| --- |
|  |

What is the long-term behavioral goal?

|  |
| --- |
|  |

Expected date:

|  |
| --- |
|  |

**EVALUATION PROCEDURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data to be Collected** | **Procedures for Data Collection** | **Person Responsible** | **Timeline** |
|  |  |  |  |

**PROGRESS MONITORING**

|  |  |  |
| --- | --- | --- |
| **Date of Progress Monitoring** | **Progress Monitoring Tool** | **Results**  Is Plan Being Implemented?  Is Plan Making a Difference? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **The SAT will meet again on \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ to review this plan** | | |