**Behavior Intervention Plan (BIP)**

**Student Name:** Click here to enter text. **School:** Click here to enter text.

**Student Behavior Support Team:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title (Relationship)** | **Contact** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Planned Meeting Schedule (Include Review Date):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **September**  Click here to enter text. | **October**  Click here to enter text. | **November**  Click here to enter text. | **December**  Click here to enter text. | **January**  Click here to enter text. |
| **February**  Click here to enter text. | **March**  Click here to enter text. | **April**  Click here to enter text. | **May**  Click here to enter text. | **June**  Click here to enter text. |

**Student Strengths:**

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**Student Needs to Improve Quality of Life (QOL):**

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**District Contact Person:**

|  |  |
| --- | --- |
| **Name** | **Email** |
| Click here to enter text. | Click here to enter text. |

**Community Resources:**

|  |  |
| --- | --- |
| **Resource** | **Phone** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Attachments to Include:**

1. **Most Recent School Transcripts/Grade Report**
2. **Mental Health Evaluation (if applicable)**
3. **Recent Medical Evaluation/Physical (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting Event Strategies** | **Antecedent Strategies** | **Behavior TeachingStrategies** | **Consequence Strategies** |
| Click here to enter text. |  | Click here to enter text.  Click here to enter text. | Click here to enter text. |

**IDENTIFIED COMPETING BEHAVIOR PATHWAY**

Attach additional sheet for multiple problem behaviors if needed.

**Operational Definition:** Click here to enter text.

**Hypothesis (based on FBA):** Click here to enter text.

**Alternative Behavior**

**Function**

**Consequence**

**Consequence**

**Problem Behavior**

# **Desired Behavior**

**Antecedent**

# **Setting Event**

**BEHAVIOR SUPPORT PLAN: ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tasks** | **Person Responsible** | **By When** | **Review**  **Date** | **Evaluation Decision**   * **Monitor** * **Modify** * **Discontinue** |
| **Prevention: Make problem behavior irrelevant (environmental redesign)** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| **Teaching: Make problem behavior inefficient (teach new skills)** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| **Extinction: Make problem behavior ineffective (minimize reward for problem behavior)** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| **Reinforcement: Make desired behavior more rewarding.** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| **Punishment: Socially appropriate, aversive event delivered contingent upon problem behavior (only used if needed)** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| **Safety: Ensure safety of all (what to do in dangerous situations) (if needed)** | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

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

**EVALUATE PLAN**

|  |  |
| --- | --- |
| **Behavioral Goal to Improve Quality of Life (SMART):**  Click here to enter text. | |
| **What is the short-term behavioral goal?**  Click here to enter text. | **Expected date:**  Click here to enter a date. |
| **What is the long-term behavioral goal?**  Click here to enter text. | **Expected date:**  Click here to enter a date. |

**Natural Supports:**

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Tier II/III School Options:**

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**Evaluation Method:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Data to be Collected** | **Procedures for Data Collection** | **Person Responsible** | **Timeline** |
| Is Plan Being Implemented?  Click here to enter text.  Is Plan Making a Difference?  Click here to enter text. | Click here to enter text. |  | Click here to enter text.  Click here to enter text. |

**\*Include review date on Page 1**