Behavior Intervention Plan

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| **Step 1: Student Information** | | | | |
| **Last name: First name:** | **Gender:** | **Age:** | **Grade:** | **Date of Draft:** |
| **School:** | **Student has an IEP**  **Student is an English Learner** | | **Does this student receive SPED services?**  Yes No  **If yes, SPED Eligibility Category:** | |
| **Team Members:** Parent General Education Teacher Special Education Teacher Related Service Provider School Psychologist Licensed Behavior Analyst Student Other School Personnel (list: ) | | | | |
| **Date of Most Recent FBA: Primary Target Behavior(s) Assessed: Date(s) of Annual BIP Review(s):** | | | | |

**Target Behavior Definition(s) and Frequency:**

**Step 2: Description of Target Behavior(s)**

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| **Step 3: Hypothesized Function(s) of Behavior** | |
| **Seek/Obtain** | **Avoid/Escape** |
| Adult Attention | Adult Attention |
| Peer Attention | Peer Attention |
| Activities/Tasks | Activities/Tasks |
| Items/Materials | Items/Materials |
| Sensory Stimulation | Sensory Stimulation |

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| **Step 4: Summary of Baseline Data** | | | | | | |
| **Check the type of data collected**  Rate (count/time) Time Sampling Duration Direct Behavior Rating Trial-based | | | | | | |
| **Enter at least 3 baseline data points into the table below and calculate the baseline average** | | | | | | |
| Data #1  Date: | Data #2  Date: | Data #3  Date: | Data #4  Date: | Data #5  Date: | Data #6  Date: | Average |
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| Attach the most recent graph or summary of target behavior(s) *(required)* and replacement behavior(s) *(optional).* | | | | | | |

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| **Step 5: Replacement Behavior Goals** | | |
| Description of current replacement behavior performance: | | |
| **Context/Setting**  *(Specific, Achievable, Relevant)* | **Replacement Behavior**  *(Specific, Achievable, Relevant)* | **Criteria**  *(Measurable and Time Bound)* |
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| **Step 6: Strategies to Teach the Replacement Behavior** | | | | |
| **Intervention Description** | **Who will implement?** | **When will it occur? *(****e.g., time of day, days of week)* | **When will the intervention begin?** | **Materials Needed** |
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| **Step 7: Consequence Strategies to Reinforce Replacement Behavior** | | | | |
| **Intervention Description** | **Who will implement?** | **When will it occur? *(****e.g., time of day, days of week)* | **When will the intervention begin?** | **Materials Needed** |
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| **Step 8: Antecedent (Preventative) Strategies** | | | | |
| **Intervention Description** | **Who will implement?** | **When will it occur? *(****e.g., time of day, days of week)* | **When will the intervention begin?** | **Materials Needed** |
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| **Step 9: Responding to Target Behavior(s)** | | | | |
| **Intervention Description** | **Who will implement?** | **When will it occur? *(****e.g., time of day, days of week)* | **When will the intervention begin?** | **Materials Needed** |
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**Note**: If target behavior occurs at an intensity or duration that requires emergency action, the team should follow their Safety Plan. The Safety Plan should not be considered a component of intervention. Attach the Safety Plan for documentation.

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| **Step 10: Progress Monitoring Plan**  Attach the most recent graph or summary of target behavior(s) *(required)* and replacement behavior(s) *(optional).* Include documentation of fidelity checks (i.e., data informing whether the intervention is being delivered as planned). | | | | |
| **Assessment Type** | **Who will implement?** | **When and how often will it be completed?** | **When will it be reviewed by the team?** | **Materials Needed** |
| Progress Monitoring  *Record progress monitoring tool here* |  |  |  |  |
| Fidelity Checks  *Enter fidelity target here* |  |  |  |  |

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| **Step 11: Training Plan for School Personnel who Regularly Interact with Student**  Include supporting documentation (e.g., training scripts, handouts, activities) when available. | | | |
| **Personnel to be Trained** | **Plan for Training** | **Date Training will Occur** | **Date Training Occurred** |
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| **Step 12: Changes Made to Behavior Intervention Plan**  Note any additional interventions, changes to interventions, or removal of interventions on this sheet and explain why the action was taken. | |
| **Date** | **Decision** |
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**Note**: If a change is made to intervention, make sure to add a phase line to the progress monitoring graph to indicate when the change occurred.

**Acknowledgements:**

Adapted from Lohman, S. and Borgmeier, C. (2010). Practical FBA Handbook

Special Education Programs and Services, Functional Behavioral Assessments and Behavior Intervention Plans § 0520- 01-09.24 (2022). https://tinyurl.com/54d3yhe9