**Behavior Intervention Plan**

| **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):** | | | | | | | | | | | | | | | | | | | | | | | |

| **Step 2: Description of Target Behavior(s)** |
| --- |
| **Target Behavior Definition(s) and Frequency: ​** **​** |

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

| **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 |
|  |  | |  | |  |  |  | |  |
| Attach the most recent graph or summary of target behavior(s) *(required)* and replacement behavior(s) *(optional).* | | | | | | | | | |

| **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.

| **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* |  |  |  |  |

| **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](https://assets-global.website-files.com/5d3725188825e071f1670246/5da4e87901ad6fcb1df7c8de_PracticalFBA_TrainingManual.pdf)

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