BEHAVIOR INTERVENTION PLAN

Student Name: ___________________________ Grade: _____________ Date: _____________

TARGETED BEHAVIOR: _________________________________________________

Hypothesized function of the behavior: ___________________________________

Desired replacement behavior: __________________________________________

I. PROPOSED INTERVENTIONS:

A. PREVENTION STRATEGIES:
   1. ___Teach replacement behaviors – method for teaching replacement behaviors (check all that apply)
      ___direct instruction      ___social skills training      ___modeling
      ___providing cues      ___role playing      ___use of mentor
      ___behavior contract      ___anger management strategies      ___other (describe)

      (list person/people responsible for teaching replacement behaviors and setting and time:
      ____________________________________________________________________________

   2. _______________________________________________________________________________

   3. _______________________________________________________________________________

   Accommodations to assist the student in displaying the replacement behavior:
      ___clear, concise directions      ___supervise free time
      ___frequent reminders, prompts      ___avoid strong criticism
      ___teacher/staff proximity      ___routine schedule/highly structured setting
      ___reprimand student privately      ___specified study area
      ___modify assignments      ___preferential seating
      ___review rules      ___provide cooling off period
      ___regular communication with parents

B. INTERVENTION STRATEGIES:
   ___apology      ___modeling      ___praise others
   ___behavioral contract      ___over-correction      ___private approach to student
   ___ignoring      ___peer consequences      ___redirection

   1. _______________________________________________________________________________

   2. _______________________________________________________________________________

   3. _______________________________________________________________________________

II. PROPOSED CONSEQUENCES:

A. POSITIVE CONSEQUENCES FOR DISPLAYING THE REPLACEMENT BEHAVIOR:
   ___verbal praise      ___free time      ___leader/helper for the day
   ___positive phone call home      ___prize box      ___extra PE time
   ___computer time      ___planned reward from home      ___other (describe)

   _______________________________________________________________________________

B. NEGATIVE CONSEQUENCES FOR DISPLAYING INAPPROPRIATE BEHAVIOR
   1. ___Reprimand
   2. ___Reflective Essay
   3. ___Restitution
4. __ Parent phone call
5. __ Isolation in class
6. __ Escort to another area
7. __ Level drop/loss of points on behavior contract
8. __ Denial of extracurricular activities
   Student will miss the following activities:____________________________

9. __ After school detention
10. __ Consult with case manager
11. __ Refer to counselor
12. __ Corporal punishment
13. __ In-school suspension
14. __ Out of school suspension (up to 10 days)
15. __ Call social worker/probation officer
16. __ Other ________________________________

III. Persons responsible for implementing the plan:
___ gen. ed. teacher ___ school admin ___ paraprofessional
___ sp. ed. teacher ___ parent ___ other ____________

IV. Methods of Measuring Progress:
___ Direct observation ___ weekly behavior sheet ___ teacher notes ___ self-monitoring
___ daily behavior sheet ___ behavior checklist ___ conduct grade ___ discipline referral

The IEP team has met and is in agreement to the conditions, rewards, and disciplinary procedures outlined in this behavior management plan.

Parent: _____________________________________________ date: __________

Special Ed. Teacher: _____________________________________________ date: __________

General Ed. Teacher: _____________________________________________ date: __________

Principal: _____________________________________________ date: __________

Other (__________): _____________________________________________ date: __________

Student: _____________________________________________ date: __________

V. Plan Review:
Review Date: _______ □ modifications needed – please describe __________________________
______________________________________________________________

□ modifications not needed

Review Date: _______ □ modifications needed – please describe __________________________
______________________________________________________________

□ modifications not needed