**Behavior Intervention Plan**

**Date Developed:** Click or tap to enter a date.

**Student Name:** Click or tap here to enter text. **Student ID#:** Click or tap here to enter text.

**Age:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text..

**School:**Click or tap here to enter text.. **Teacher/Class:** Click or tap here to enter text. **Grade:** Click or tap here to enter text.

**Identify/Define Target Problem Behavior(s) (From FBA):**

**NYS Regulation: [200.22 (b) (4)]**

Click or tap here to enter text.

**Baseline Measure of the Target Problem Behavior(s) (From FBA):**

**NYS Regulation: [200.22(b)(4)(i)]**

Include frequency, duration, intensity and/or latency of the targeted problem behavior(s).

 Click or tap here to enter text.

**Functional Hypothesis (From FBA):**

**NYS Regulation: [200.1(mmm)]**

|  |  |  |  |
| --- | --- | --- | --- |
| Setting Events(Conditions that increase the likelihood of the problem behavior) | Antecedent(What occurs before?) | **Target Problem Behavior(s)**(Observable/Measurable) | **Maintaining Consequence/****Function**(What happens after? What does student get and/or avoid?) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Consequence:** Click or tap here to enter text.**Function (Get and/or Avoid):**Click or tap here to enter text. |

**Statement of Functional Hypothesis (From FBA):**

Narrative that describes the function of the targeted problem behavior(s) (functional hypothesis) based on the data. Functional statement:

Click or tap here to enter text..

**Global/Broad Influences Related to Targeted Problem Behavior(s) (Setting Events) (From FBA)**:

**NYS Regulation: [200.1(r) and 200.22 (a) (3)]**

Using Indirect and Direct Data sources, summarize the global/broad influencing factors (including cognitive, social, sensory, affective factors) that relate to the problem behavior(s). Influences can be student’s skills, health/medical, daily routines, relationships, recent or ongoing events in the student’s life, etc.

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| Influencing Factors (Setting Events) that Increase Likelihood of Problem Behavior(s) | Click or tap here to enter text. |

**Intervention Strategies:**

**NYS Regulation: [200.22 (b) (4) (ii), 200.1(mmm)]**

(**What, where, when, how**) must be developed BASED ON THE FUNCTIONAL HYPOTHESIS within the FBA. Include strategies to alter the setting events and antecedents to prevent the targeted problem behavior(s) as well as strategies to alter the consequences that currently maintain the targeted problem behavior(s). Include strategies that will be used to teach alternative and replacement behaviors that serve the same function as the targeted problem behavior(s) while building skills that will make the targeted problem behavior(s) no longer necessary.

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| --- | --- | --- | --- |
| **Setting Event Strategies** | **Antecedent Strategies** | **Behavior Teaching Strategies** | **Consequence Strategies** |
| **How will you neutralize or prevent setting events?**Click or tap here to enter text. | **How will you change the environment to reduce triggers for problem behavior(s) *and* increase success of new behavior(s)?**Click or tap here to enter text. | **Replacement Behaviors:**Click or tap here to enter text.**How will you teach new behaviors?**Click or tap here to enter text. | **Response after new behavior(s) occur (increase reinforcer):**Click or tap here to enter text.**Response after problem behavior(s) occur (reduce reinforcer):**Click or tap here to enter text. |

**Progress Monitoring:**

**NYS Regulation: [200.22 (b) (5), [200.22(b)(4)(iii)]]**

Provide a schedule by which the effectiveness of the interventions/strategies will be measured.

**Please note:** The results of the progress monitoring must be documented and reported to the student's parents and to the CSE or CPSE and must be considered in any determination to revise a student's behavioral intervention plan or IEP.

Progress monitoring data must include the frequency, duration, intensity, and/or latency of the targeted problem behavior(s) as well measurement of the alternative/replacement behavior(s).

Progress Monitoring Schedule must include:

* Specific behavior(s) being monitored (targeted problem behavior(s) & alternative/replacement behavior(s))
* Intervals at which data will be collected
* Who is responsible for data collection
* Tools/data collection methods that will be used

The team identified in this plan should meet to analyze data and evaluate the BIP no later than 2 weeks after initiation of the plan. Thereafter, the schedule to measure effectiveness of the BIP will be followed as specified below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule to Measure Effectiveness of Interventions.** Indicate interval below (e.g., weekly, every 2 weeks, etc.)  | **Baseline Data of Problem Behavior(s) (**e.g., frequency, duration, intensity and/or latency) | **Data on Problem Behavior(s) after implementation of BIP for the specified interval.** (e.g., frequency, duration, intensity and/or latency) | **Person Responsible** |
| **Interval:** Click or tap here to enter text.**Start Date:** Click arrow to enter a date.**End Date:** Click arrow to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text.. |

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| **Schedule to Measure Effectiveness of Interventions.** Indicate interval below (e.g., weekly, every 2 weeks, etc.)  | **Alternative/Replacement Behavior(s)** | **Data on Alternative Behavior(s) after implementation of BIP for the specified interval.** (e.g., frequency, duration, intensity and/or latency) | **Person Responsible** |
| **Interval:** Click or tap here to enter text.**Start Date:** Click here to enter a date.**End Date:** Click here to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Staff who participated in BIP development:**

|  |  |
| --- | --- |
| **Print Name** | **Title** |
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**Individualized Education Plan: The development of the BIP must be documented in the IEP.**

**Date IEP Updated with BIP:** Click here to enter a date.

**Initial BIP Review Date:** Click here to enter a date.

**Review Meeting**

**Date of Review:** Click here to enter a date.

**Continue plan?** [ ]  **Y** [ ]  **N Rationale:** Click or tap here to enter text..

**Modify plan?** [ ]  **Y** [ ]  **N Rationale:** Click or tap here to enter text.

**If “yes” to either item above the team as identified in this BIP must meet to modify the plan and send the updated plan to the parent.**

**Review Meeting Participants:**

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Title** | **Signature** |
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**Modification Meeting Date if applicable**: Click here to enter a date.

**Next Follow-Up BIP Review Date (must be annually reviewed at a minimum):** Click or tap to enter a date.

**Name of Psychologist Convening a Modification or Review of BIP**: Click here to enter text.