
POUGHKEEPSIE CITY SCHOOL DISTRICT
BEHAVIOR INTERVENTION PLAN TRACKING

STEPS	RESPONSIBLE PERSON	DATE
1. Determination of need by IST	Referring person :	Date Submitted:
2. Consent for FBA	Name:	Sent: Received
3. Distribute data collection forms-schedule meeting	Name:	Meeting Date:
4. Follow up meeting scheduled	Name:	Meeting Date:
5. Behavior Plan Distributed. Copy to PPS For SWD.	Name:	Date Sent:
6. Plan amendment Meeting	Person requesting review:	Date:
7. Amendment Meeting:		Date:
8. Behavior Plan Distributed. Copy to PPS For SWD	Name:	Date: