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(School Name / District Name)

**Behavior Intervention Plan  
Level Three**

Student Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Date of Plan: \_\_\_\_\_  
Facilitated by: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Medical Concerns**

There **are/are not** known medical issues which may preclude the use of the techniques described within this plan. (If there are medical issues, please describe.)

\_\_\_\_\_

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Description of the Presenting Problem/History**

\_\_\_\_\_

**Goals** (these should be the targeted behaviors from the FBA)

1. Goal # 1
2. Goal # 2
3. Goal # 3

**Functional Behavioral Assessment** (information obtained from FBA already completed)

Student's strengths and interests:

\_\_\_\_\_

Signs of increased difficulties include (before behaviors escalate):

\_\_\_\_\_

Effective strategies (what has already been tried and was successful):

\_\_\_\_\_

Ineffective strategies (what has already been tried and was not successful, possible triggers):

\_\_\_\_\_

### **Function of Behavior** (hypothesis from FBA):

Behavior 1: \_\_\_\_\_

The available information suggests that when \_\_\_\_\_ (**antecedent/trigger**) the child \_\_\_\_\_ (**target behavior**) in order to \_\_\_\_\_ (**reason/function**).

Behavior 2: \_\_\_\_\_

The available information suggests that when \_\_\_\_\_ (**antecedent/trigger**) the child \_\_\_\_\_ (**target behavior**) in order to \_\_\_\_\_ (**reason/function**).

Behavior 3: \_\_\_\_\_

The available information suggests that when \_\_\_\_\_ (**antecedent/trigger**) the child \_\_\_\_\_ (**target behavior**) in order to \_\_\_\_\_ (**reason/function**).

### **Current Levels of Behavior**

(frequency, intensity and duration of target behaviors)

Behavior 1: \_\_\_\_\_

- Frequency
- Intensity
- Duration

Behavior 2: \_\_\_\_\_

- Frequency
- Intensity
- Duration

Behavior 3: \_\_\_\_\_

- Frequency
- Intensity
- Duration

### **Plan Description**

\_\_\_\_\_

### **Positive Behavior Supports**

\_\_\_\_\_

### **Reactive Techniques**

Outline steps staff will take when student is engaging in target behaviors.

Behavior 1: \_\_\_\_\_

Behavior 2: \_\_\_\_\_

Behavior 3: \_\_\_\_\_

**Intervention Steps** (see Appendix for sample intervention steps)  
\_\_\_\_\_

**Level-III (Restrictive Techniques) Techniques to be used in this plan**  
(see appendix)  
\_\_\_\_\_

**Plan Termination**

Plan's success will be determined when student has achieved their goals at \_\_\_\_\_ %  
for \_\_\_\_\_ amount of time.

**Data Collection**

Explain how data will be collected related to the specific target behaviors and interventions.  
\_\_\_\_\_

**School Behavior Intervention Plan Coordinator's Responsibilities:**

Coordinator: \_\_\_\_\_

1. Assure everyone knows their role in the BIP as soon as possible. Use the BIP Action Plan and/or create a summary of the BIP elements for staff to follow. This will remedy the fact that it may take some time for the edited BIP form to get completed.
2. Assure all people involved initial their responsibilities on the action plan.
3. Once the GOISD forwards the edited BIP to the school, make copies of the current BIP.
4. Distribute the BIP to the following people, places: CA60, special education file, administration, parents
5. Schedule the BIP review & provide invites.
6. The next scheduled BIP review will be \_\_\_\_\_.
7. At the next review, have a copy of the current BIP ready for all Team Members.
8. At the next review, have a summary of the data collected (for the identified target behaviors & interventions) as specified in the BIP.
9. Assure all pertinent people are invited to the BIP review.

**BIP Action Plan for** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>BIP Member</b>	<b>Will take the following action to assure the BIP is being implemented with integrity:</b>	<b>By When</b>
Initials _____		

## Positive Behavior Intervention Support Plan Consent Form

(School Name)

\_\_\_\_\_  
(Student Name)

Behavior Intervention Plan Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parental Consent**

I have read and understand the present plan that has been developed for my child and I agree to its implementation

I have read and understand the present plan that has been developed for my child and I disagree to its implementation

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Agreement**

I have read and understand this plan.  
I agree to follow this plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional BIP Team Members / Witnesses:**

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Educator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_