
(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** _____

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

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____

Other Title: _____ Signature: _____ Date: ____/____/____