

Monitoring Report / Behavior Intervention Plan Review

Student Name: _____
DOB: _____
Original Date of Behavior Support Plan _____
Date of Review: _____
Next Review Date: _____
Facilitated By: _____
Teacher: _____
Grade: _____

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: _____

1. Frequency
2. Intensity
3. Duration

Behavior 2; _____

1. Frequency
2. Intensity
3. Duration

Behavior 3; _____

1. Frequency
2. Intensity
3. Duration

Review Plan:

Revised Procedures:

Factors with interfere with development/implementation of plan (i.e. medical reports, staffing, student absences):

School Behavior Intervention Plan Coordinator’s Responsibilities:

Coordinator: _____

1. Before the edited BIP is forwarded to the school from the GOISD, use the BIP Action Plan and/or create a summary of the BIP elements to get the plan in action as soon as possible.
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	Will Complete the Following Elements of	By
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Member	the Behavior Intervention Plan	When
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		
Initials _____		

Behavior Intervention Plan Review Consent

(School Name)

