

## BEHAVIOR INTERVENTION PLAN (BIP)

<b>Student Name:</b>		<b>Student ID #:</b>		<b>DOB:</b>	
<b>Grade:</b>		<b>School:</b>			
<b>Summary of Behavior:</b> (What is the problem behavior and the purpose for the behavior? taken from the FBA):					
<b>Replacement Behavior?</b> (What do we want the student to do instead, from the FBA)					
<b>Plan for teaching replacement behaviors.</b>					
<b>How will the staff respond when the undesired behavior occurs?</b>					
<b>How will the staff respond when the desired behavior occurs? Include positive reinforcers.</b>					
<b>Progress Monitoring:</b>					
<b>Schedule to measure effectiveness (weekly, monthly, every 30 days, etc.):</b> _____					
<b>Initial Review of Plan: Date:</b> _____					
Review Dates:					
Please identify and explain interventions.					
Please summarize the opportunities the student has to practice the replacement behavior.					
Is the problem behavior decreasing in frequency and intensity?					
Is the student using the replacement behavior regularly?					
Has the student generalized the use of the new behavior to various settings?					

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Are there other positive effects (e.g. better grades, improved self-esteem, improved relationships)?			
Please provide any additional relevant information.			
<p><b>Participants: please sign</b></p> <p> <input type="checkbox"/> Student _____         </p> <p> <input type="checkbox"/> Special Educator _____         </p> <p> <input type="checkbox"/> Administrator _____         </p> <p> <input type="checkbox"/> Social Worker _____         </p>			
<p><b>Date:</b> _____</p> <p> <input type="checkbox"/> General Educator _____         </p> <p> <input type="checkbox"/> Parent/Guardian _____         </p> <p> <input type="checkbox"/> School Psychologist _____         </p>			