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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | | | **Date Developed:** | | | |
| **Grade: Age:** | | | | | **Placement: ☐SPED ☐ 504 ☐ None** | | | |
| **School:** | | | | | **District:** | | | |
| **Target (Problem Behavior) Operationally Defined:** | | | | | | | | |
| **What was the target behavior(s) identified in the FBA?** | | | | | | | | |
| **FBA Behavior Data:** | | | | | | | | |
| **What was the baseline behavior data (ex., frequency, duration, intensity) for the target behavior(s)?** | | | | | | | | |
| **Summary Statement/Hypothesized Function of Behavior:** | | | | | | | | |
| **What was the summary statement(s) from the FBA? Include information about setting events, antecedents, consequences, and function of the target behavior (s).**  **FBA date of completion:** | | | | | | | | |
| **Behavior Goals:** | | | | | | | | |
| **What is the replacement behavior(s)? Define in observable and measurable terms.**    **Is replacement behavior functionally equivalent? ☐ Yes ☐ No**  **What is the behavior goal for the replacement behavior?**  **What is the behavior goal for the target behavior (reduction)?**  **What is the behavior goal for the long-term desired behavior?** | | | | | | | | |
| **Strategies to Modify Setting Events/Antecedents:** | | | | | | | | |
| **How will the setting events be modified?**  **How will the antecedents be modified?** | | | | | | | | |
| **Strategies to Teach Replacement Behavior/Behavior Goal:** | | | | | | | | |
| **Who will teach the behavior(s)?**  **When will the behavior(s) be taught?**  **Where will the behavior(s) be taught?**  **How will the behavior(s) be taught? Describe methods to be used and materials needed for instruction.** | | | | | | | | |
| **Strategies to Modify Consequences:** | | | | | | | | |
| **How will the replacement behavior(s) be reinforced?**  **How will the desired behavior(s) be reinforced?**  **What steps will be taken when the target behavior(s) occur (reactive strategies)?**  **Will a separate crisis plan be implemented? ☐ Yes ☐ No** | | | | | | | | |
| **Evaluation Process:** | | | | | | | | |
|  | **Data to be collected** | | **Procedure for data collection** | | | **Person(s) responsible** | | **How often** |
| **Is plan being Implemented?** |  | |  | | |  | |  |
| **Is plan making a difference?** |  | |  | | |  | |  |
| **Resources Required for Implementation of Plan** | | | | | | | | |
| **Training:** | |  | | | | | | |
| **Personnel:** | |  | | | | | | |
| **Other Resources:** | |  | | | | | | |
|  | | **Team Member Signatures** | | | | | | |
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| **Behavior Intervention Plan Review Date** | | | | **☐ 30 days**  **☐ 90 days** | | | **Date:** | |