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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:** |