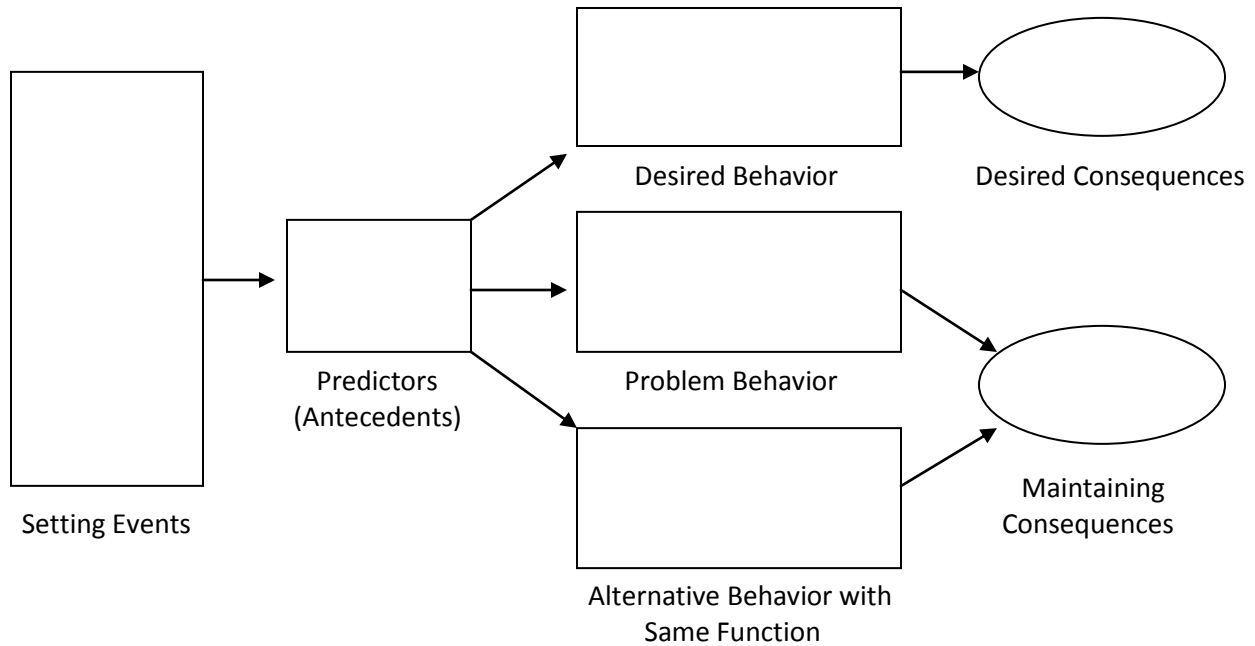


Positive Behavior Intervention Plan

Developed from the Functional Behavioral Assessment

Student _____ Grade _____ Date of Birth (DOB) _____
School _____ Case Manager _____ Date of Current IEP _____
Disability _____ Date Developed _____ Date Implemented _____



Summary Statement of Problem Behavior:

Trigger and function of target behavior based on FBA

Description of the Problem Behavior to be modified.

(Trigger and function of target behavior based on FBA)

Baseline Data of Problem Behavior

(Frequency, intensity, duration, etc.)

Student: _____ **Positive Behavior Intervention Plan**

Setting Events Interventions

Changes in the **Physical Environment** (Adjustments to **when** and/or **where** the problem behavior is likely to occur):

Changes in the **Interpersonal Relationships** (Adjustments to the people present when the problem behavior is likely to occur):

Changes in **Program Structure** (adjustments to subject/activity during which the problem behavior is likely to occur):

☐ **Clarifying and/ or re-teaching expectations/routines. How?**

☐ **Modify task/assignment/curriculum. How?**

☐ **Increase supervision. How?**

☐ **Utilize special equipment. How?**

Predictor (Antecedent) Strategies

Manipulate Predictor (Antecedent) to prevent problem & prompt alternate/desired behavior

Prevent Problem Behavior: _____

Prompt Alternate/Desired Behavior (which could meet the same function/need as the problem behavior)? Identify one only:

- ☐ Hand raising/Asking for help / "Sure I will"
- ☐ Short break i.e., break cards/tickets, scheduled breaks
- ☐ Peer interaction skills
- ☐ Sensory break
- ☐ Responds to choices – i.e., choice of work tasks, preferred Activities or interests, offer negotiations

- ☐ Express frustration/feelings appropriately – i.e., cool down, problem solving ("I messages), relaxation, diversion, re-direct into activity
- ☐ Other _____

Student: _____ **Positive Behavior Intervention Plan**

Instructional Interventions / Teach Behavior

Explicitly Teach Alternate & Desired Behavior

Teach Alternate Behavior:

- ☐ Social Skills _____
- ☐ Communication Skills _____
- ☐ Independence Skills _____
- ☐ Coping Skills _____
- ☐ Academic Skills _____
- ☐ Study Skills _____
- ☐ Other _____

Instructional Interventions: Teach Behavior (Explicitly Teach Alternate & Desired Behavior) cont.

Teach Desired Behavior/Academic/Social Skills:

- ☐ Social Skills _____
- ☐ Communication Skills _____
- ☐ Independence Skills _____
- ☐ Coping Skills _____
- ☐ Academic Skills _____
- ☐ Study Skills _____
- ☐ Other _____

How will the skills be taught?

- | | |
|---|---|
| <input type="checkbox"/> Individual Instruction | <input type="checkbox"/> Group Instruction |
| <input type="checkbox"/> Demonstration/modeling | <input type="checkbox"/> Role Play |
| <input type="checkbox"/> Guided Practice | <input type="checkbox"/> Independent Practice |

Who will provide the instruction? _____

When will the instruction take place? _____

Where will the instruction occur? _____

How often will opportunities for practice/rehearsal be provided? _____

How will the student be prompted to use his/her newly acquired skills? _____

Student: _____ **Positive Behavior Intervention Plan**

Reinforcement Procedures:

What will be done to increase the occurrence of the replacement behavior?

☐ **Identify Potential Reinforcers:**

What preferred items, activities, or people might be used as incentives in an intervention for this student?

Items	Activities	People
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **Identify Specific Behavior Criteria:**

What exactly must the student do to earn the above reinforcers?

☐ **Determine Schedule of Reinforcement:**

How frequently can the student earn the above reinforcers?

☐ **Identify Reinforcement Delivery System**

What intervention components will be used to monitor the student's behavior and delivery reinforcement:

- | | |
|---|--|
| <input type="checkbox"/> Self – monitoring system | <input type="checkbox"/> Point system |
| <input type="checkbox"/> Behavior contract | <input type="checkbox"/> Token economy |
| <input type="checkbox"/> Group contingency | <input type="checkbox"/> Beep tape |
| <input type="checkbox"/> Home note system | <input type="checkbox"/> Chart moves |
| <input type="checkbox"/> Lottery/raffle tickets | <input type="checkbox"/> Tracking system |
| <input type="checkbox"/> Other: _____ | |

Student: _____ **Positive Behavior Intervention Plan**

Correction Procedures:

What will be done to decrease the occurrence of the problem behavior:

☐ All occurrences of the problem behavior will be ignored, while attending to the appropriate behavior of other students.

☐ When the problem behavior occurs, the student will be verbally asked to stop and then redirected by...

☐ Using precise commands

☐ Completing a teaching interaction

☐ Saying the following: " _____

☐ Other: _____

☐ Minimal consequences / penalty will be used...

☐ Loss of incentive / privilege. Describe: _____

☐ Loss of _____ minutes of _____

☐ Positive Practice. Describe: _____

☐ Phone call to parent(s) / guardian(s)

☐ Time away from the opportunity to reinforcement will be used. Describe: _____

☐ A level system including a hierarchy of consequences for appropriate behavior will be used. (Attach a description of the level system).

☐ A contract will be written which specifies positive consequences/ reinforcers for appropriate behavior and natural/negative consequences for occurrences of the problem behavior (Attach the signed contract).

☐ Other: _____

Student: _____ **Positive Behavior Intervention Plan**

Implementation Details

What system will be used to track the delivery of reinforcers, correction procedures and consequences?

Include any other details/explanations not previously described to ensure that anyone could read this plan and implement the program.

Monitoring System

Data Recording Procedures of Problem & Appropriate/Positive Behavior

Method of Data Collection

☐ Frequency count across the day

☐ Frequency count from _____ to _____
time of day time of day

☐ Interval recording every: _____ Seconds _____ Minutes Across the Day
(circle one)

☐ Other: _____

☐ Describe exactly how data will be collected/ recorded.

Data Number/Percentage indicating Increase/Decrease in Target Behavior and appropriate Positive Behavior
(To be filled out during Initial Behavior Plan Review Meeting)

☐ Decrease in Problem Behavior _____ ☐ Increase in Replacement Behavior _____
☐ Increase in Problem Behavior _____ ☐ Decrease in Replacement Behavior _____

Student: _____ **Positive Behavior Intervention Plan**

Intensive Individual Interventions and Possible Side Effects:

☐ Not Applicable

☐ Forceful Physical Guidance (MANDT Procedures):

Student is physically guided through the proper motions despite his/her resistance. Student may vigorously resist being touched when guided through MANDT Procedures.

☐ Seclusion Time-Out:

Student is placed in a supervised setting for a specified period of time. Student may become aggressive or injure themselves or staff when being taken to and/or placed in seclusion time out.

☐ Manual Restraint:

The minimum amount of force necessary is used to hold/restrain a student only as long as the student is a danger to themselves, others, or property. Risk of physical limb injury, asphyxiation, possible death, internal injuries, aspiration, skeletal injuries, especially if the student fights or struggles.

Data Collection Method

☐ Not Applicable

☐ Timeout Logs & Graphs

☐ MANDT Procedures logs & graphs

Summary of Intensive Intervention data to be reviewed at the Initial Behavior Plan Review Meeting:

Signature & Title of IEP Team and Meeting Participants

Date of Meeting: _____

Parent: _____

Parent: _____

Student: _____

Special Ed. Teacher: _____

General Education Teacher: _____

Administrator: _____

School Psychologist: _____

Other: _____

Follow-up and Behavior Plan Review Date: (within 2 weeks) _____

Initial Behavior Plan – Summary of Changes:

Summary of changes based on Intervention data

Signature & Title of IEP Team and Meeting Participants

Date of Meeting: _____

Parent: _____

Parent: _____

Student: _____

Special Ed. Teacher: _____

General Education Teacher: _____

Administrator: _____

School Psychologist: _____

Other: _____

Follow-up and Behavior Plan Review Date: (within 2 weeks) _____

Student: _____ **Positive Behavior Intervention Plan**

Daily Data																									
Behavior Being Measured/ Unit of Measurement																									
Dates																									
Days																									

Date of Projected Review Meeting

Review Date: _____ Participants: _____

Analysis of data shows:

☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be Taken:

☐ Continue plan
 ☐ Modify plan
 ☐ Plan for generalization

Plan of action: _____

Date of Projected Review Meeting

Review Date: _____ Participants: _____

Analysis of data shows:

☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be Taken:

☐ Continue plan
 ☐ Modify plan
 ☐ Plan for generalization

Plan of action: _____

Student: _____ **Positive Behavior Intervention Plan**

Daily Data	
Behavior Being Measured / Unit of Measurement	
Dates	
Days	

Date of Projected Review Meeting

Review Date: _____ Participants: _____

Analysis of data shows:

☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be Taken:

☐ Continue plan
 ☐ Modify plan
 ☐ Plan for generalization

Plan of action: _____

Date of Projected Review Meeting

Review Date: _____ Participants: _____

Analysis of data shows:

☐ Desired decrease in problem behavior
 ☐ Desired increase in problem behavior
☐ Undesired increase in problem behavior
 ☐ Undesired decrease in problem behavior

Action to be Taken:

☐ Continue plan
 ☐ Modify plan
 ☐ Plan for generalization

Plan of action: _____
