

# BEHAVIOR INTERVENTION PLAN

SpEd 55b

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ Review Date \_\_\_\_\_

<b>One Target Behavior (TB):</b> What does the TB look like?	<b>Antecedents:</b> Previous Ineffective Consequences:	<b>Replacement Behavior (RB):</b> What does the RB look like?
Baseline Rate:	Probable Function of the Behavior:	Steps of Direct Instruction for RB:

<b>Strategies to discourage Target Behavior (LRBI hierarchy):</b> Begin with least intrusive U's and add T's and I's as needed.			<b>Strategies to encourage Replacement Behavior/enhance relationship with the student:</b>
LRBI Code	LRBI Description	Special Considerations	
			1
			2
			3
			4
			5

<b>Planning Team</b>			
Signature	Title	Signature	Title
1		1	
2		2	
3		3	
4		4	

<b>Date of 2-week review:</b>	<b>Target date for 4-week review:</b>
<b>Team Coordinator:</b>	<b>Team Coordinator:</b>
<b>REVIEW OF PROGRESS-2 WEEKS</b>	<b>REVIEW OF PROGRESS-4 WEEKS</b>
Date of Review:	Date of Review:
Current Rate of Target Behavior:	Current Rate of Target Behavior:
Progress Report:	Progress Report:
Adjust Strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adjust Strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adjusted Strategies (if needed): List adjusted positive supports, LRBI codes, and descriptions. Include special considerations for Level F's.	Adjusted Strategies (if needed): List adjusted positive supports, LRBI codes, and descriptions. Include special considerations for Level F's.

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Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Planning Team			
Signature	Title	Signature	Title
1		1	
2		2	
3		3	
4		4	

Date of 2-week review:	Target date for 4-week review:
Team Coordinator:	Team Coordinator:
REVIEW OF PROGRESS-2 WEEKS	REVIEW OF PROGRESS-4 WEEKS
Date of Review:	Date of Review:
Current Rate of Target Behavior:	Current Rate of Target Behavior:
Progress Report:	Progress Report:
Adjust Strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Adjust Strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Planning Team			
Signature	Title	Signature	Title
1		1	
2		2	
3		3	
4		4	