

# Behavioral Intervention Planning

## STUDENT INFORMATION

<b>Name:</b>	<b>DOB:</b>	<b>Current Age:</b>
<b>Eligibility for special education :</b>		
<b>Communication (check all that apply):</b> Verbal____ Visuals____ Non-verbal____ Device____ Sign/Gesture____ PECS ____ Other____		
<b>Current Medication(s):</b>		
<b>Mode of Transportation to and from School:</b>		
<b>Parent/Guardian Name:</b>		
<b>Address:</b>		
<b>Phone:</b>		
<b>Email:</b>		

## REFERRING SCHOOL SYSTEM INFORMATION

<b>Special Education Director:</b>	<b>Primary Contact Person:</b> (This person will be responsible for coordinating attendance at meetings)  <b>email:</b>  <b>phone:</b>
<b>e-mail Address:</b>	<b>School Student Attends:</b>
<b>Address:</b>	<b>Teacher's Name:</b>
	<b>School Address:</b>
<b>Phone:</b>	<b>School Phone:</b>
<b>FAX:</b>	<b>School FAX:</b>

**BEHAVIOR SUPPORT TEAM (BST)- (The people who will meet to discuss the student)**

Name(s)	Position(s)	Phone number	Email
	Parent(s):		
	Special Education Director or Designee		

**Student Strengths:**

Social	Academic

**Student Needs:**


**Behaviors team wishes to target:**

<b>Target Behavior</b>	<b>Definition</b>

Is a crisis plan needed? Yes No

**Describe situations when and/or where the behaviors are most and least likely to occur.**

Behaviors are Most Likely to Occur When...	Behaviors are Least Likely to Occur When...

**What strategies have been implemented to remediate the student's behavior problems? What were the results of these strategies?**

Strategies Implemented:	Results :

**Hypothesis of Function:**

Positive Reinforcement	Negative Reinforcement

**Data collection tools to be used:**

Indirect	Direct
_____ Anecdotal Notes	_____ Antecedent, Behavior, Consequence
_____ Functional Analysis Screening Tool	_____ Frequency
_____ Motivational Assessment Scale	_____ Duration
_____ Problem Behavior Questionnaire	_____ Scatter Plot
_____ other	_____ other

Who will be responsible for collecting data? \_\_\_\_\_

Data collection to begin: \_\_\_\_\_ end: \_\_\_\_\_

Will data collection occur in the home? Yes No

Who will be responsible for collecting data? \_\_\_\_\_

Data collection to begin: \_\_\_\_\_ end: \_\_\_\_\_

Who will analyze the data? \_\_\_\_\_

Next team meeting to discuss results: \_\_\_\_\_