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**Monroe County Intermediate School District**

Special Education and Early Childhood Services

1101 S. Raisinville Road

Monroe, Michigan 48161

734-242-5799

Behavior Intervention plan

student demographic information

|  |
| --- |
| Date of Initial Plan: |
| Date of Current Plan: |
| Dates of Review: |

Student Name:       Teacher Name:

Age:       Grade:       Disability:       BIP Level:  2  3

Emergency Contact Information *(use TAB button to add rows)*

|  |  |  |
| --- | --- | --- |
| NAME | POSITION/RELATIONSHIP | PHONE NUMBER |
|  |  |  |
|  |  |  |

Behaviors of Concern *(use TAB button to add rows)*

|  |
| --- |
|  |

Crisis Plan Attached:  Yes  No

Names of Participants Developing Plan *(use TAB button to add rows)*

|  |  |
| --- | --- |
| PARTICIPANT’S NAME | POSITION/RELATIONSHIP |
|  |  |
|  |  |
|  |  |
|  |  |

Requirements for Level II and Level III Behavior Intervention Plans

|  |  |
| --- | --- |
| LEVEL II PLANS | LEVEL III PLANS |
| Administrative Consent | Administrative Consent  Parental Consent  Behavior Plan Committee Approval |



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Student Name:

Summary Hypothesis Statement Regarding Target Behavior *(See Functional Behavioral Assessment)*

Based on the information collected, use the following model to develop a hypothesis statement regarding the behavior or concern:

|  |  |  |
| --- | --- | --- |
| When this occurs… | the student does… | to get or avoid… |
| Describe circumstances | Describe target behavior of concern | Describe function |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

behavior teaching

|  |
| --- |
| What skill(s) does the student need in order to be successful? What data will we collect to determine if the student is being successful? What is our criterion for success? |

Behaviors *(use TAB button to add rows)*

|  |  |  |  |
| --- | --- | --- | --- |
| BEHAVIOR OF CONCERN | WHAT SKILLS WILL WE TEACH? | WHAT DATA WILL WE COLLECT? | CRITERION |
|  |  |  |  |

behavior intervention

*(Use TAB button to add rows. Only use the rows needed for number of strategies.)*

|  |  |  |
| --- | --- | --- |
| Behavior of Concern | Antecedent Strategy  *What can we do to prevent the problem behavior? How will the environment be set up to decrease problem behavior and increase the likelihood for using new skills?* | Consequence  How will we reinforce the target behavior?  How will we correct problem behaviors? |
| 1 | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| 4. | 4. | 4. |



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crisis response

|  |
| --- |
| Identify the steps necessary to intervene if the student’s behavior becomes dangerous, destructive, and/or disruptive. If the plan calls for the use of physical restraint and/or seclusion, follow the guidelines for a Level III Behavior Intervention Plan. All Crisis Plans need to be put in Substitute Folders. |

*(Use TAB button to add rows. Only use the rows needed for the number of strategies.)*

|  |
| --- |
| 1. |
| 2. |
| 3. |

action plan

|  |  |  |  |
| --- | --- | --- | --- |
| Who | Will do What | By When | Status |
|  |  |  |  |
|  |  |  |  |