

# Behavior Intervention Plan (BIP)

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Today's Date: \_\_\_\_\_

School District / Building: \_\_\_\_\_ Grade: \_\_\_\_\_

**FBA / Bip Team Members:**


**Identification of Problem Behavior:**

Behaviors of Concern – (Defined, Observable, and Measurable):

---



---



---



---

**Hypothesis -- Regarding Behavior of Concern:** Use Hypothesis statement from FBA to Describe Behavior(s) To DECREASE (Observable & Measurable). Include BASELINE Data (Frequency, duration, intensity) of CURRENT problem behavior(s). Antecedent / Setting Events and FUNCTION of Behavior(s).

---



---



---



---



---

**Goals of Intervention (Identify All that Apply)**

Reduction of Target Behavior(s): \_\_\_\_\_

---

**Acquisition of Adaptive Skills**

Check	Goal	Describe
	Social Functioning	
	Communication Skills	
	Adaptive Skills	
	Academic Success	

**Lifestyle Changes**

Check	Goal	Describe
	Participation in Integrated Activities	
	Enhanced Independence and Satisfaction	
	Expanded Social Networks	
	Enhanced Academic Success	

## PROACTIVE STRATEGIES

### Antecedent / Setting Events

Medical/Emotional	Environmental	Social/Interaccional	Curricular/Instructional	Personal
<input type="checkbox"/> Hunger / Thirst	<input type="checkbox"/> Auditory	<input type="checkbox"/> Expectations	<input type="checkbox"/> Task Difficulty	<input type="checkbox"/> Choices
<input type="checkbox"/> Restroom	<input type="checkbox"/> Visual	<input type="checkbox"/> Opportunities w/Peers	<input type="checkbox"/> Task Length	<input type="checkbox"/> Communication
<input type="checkbox"/> Medication	<input type="checkbox"/> Transition	<input type="checkbox"/> Teacher / Staff	<input type="checkbox"/> Rate of Presentation	<input type="checkbox"/> Emotional
<input type="checkbox"/> Clothing	<input type="checkbox"/> Predictability	<input type="checkbox"/> Proximity	<input type="checkbox"/> Delivery of Instructiion	<input type="checkbox"/> Likes / Dislikes
<input type="checkbox"/> Other	<input type="checkbox"/> Class Size	<input type="checkbox"/> Behavior of Peers	<input type="checkbox"/> Level of Assistance	<input type="checkbox"/> Coping Skills
	<input type="checkbox"/> Seating	<input type="checkbox"/> Change of Staff	<input type="checkbox"/> Meaningful	<input type="checkbox"/> Other
	<input type="checkbox"/> Movement	<input type="checkbox"/> Other	<input type="checkbox"/> Variation of Materials	
	<input type="checkbox"/> Breaks		<input type="checkbox"/> If / Then	
			<input type="checkbox"/> Sequence	

Describe Modifications / Accommodations to checked above : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Teaching / Prompting / Reinforcing Alternative Behaviors

Teaching Methods	Prompt Sequences	Reinforcement	Delivery of Reinforcements
<input type="checkbox"/> Schedules	<input type="checkbox"/> Verbal	<input type="checkbox"/> Physical	<input type="checkbox"/> Earned
<input type="checkbox"/> Communication	<input type="checkbox"/> Physical	<input type="checkbox"/> Social	<input type="checkbox"/> Constant
<input type="checkbox"/> Modeling	<input type="checkbox"/> Gestural	<input type="checkbox"/> Tangible	<input type="checkbox"/> Intermittent
<input type="checkbox"/> Role Playing	<input type="checkbox"/> Touch	<input type="checkbox"/> Tokens	<input type="checkbox"/> Other
<input type="checkbox"/> Social Stories	<input type="checkbox"/> Other	<input type="checkbox"/> Checklist	
<input type="checkbox"/> Posted Rules		<input type="checkbox"/> Activity	
<input type="checkbox"/> Peer / Peer Supports		<input type="checkbox"/> Edibles	
<input type="checkbox"/> Other		<input type="checkbox"/> Sensory	

Describe Strategies checked above : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reaction / Consequence Strategies

Objective (Positive Statement – definable, measurable)	Program Plan
Approach : 1) Identify Behavior	1) _____
2) Consequence – (Positive First)	2) _____
3) Choice – (What is student to do)	3) _____
4) Reinforce / Enforce Choice	4) _____

## Implementation and Evaluation

**Supports / Team Members** (Indicates needs of the FBA/BIP Team Members in implementing this plan).

---

---

---

**Data Collection:** (Indicate name of data collection form to be used, who will be collecting, who will monitor and evaluate collected data).

---

---

---

### Action Plan for Implementation

Implementation Date: \_\_\_\_\_

WHO	WILL DO WHAT	BY WHEN

**Follow-Up:** (When will team meet again and frequently thereafter)

---

---

---

**Notes / Additions:**

---

---

---

### Signatures

I have reviewed this plan. I have received the training (if needed) to implement this plan. By signing below, I agree to this plan and will implement the portions of the plan I am responsible for to the best of my ability.

---

---

---

---

---

---

**CRISIS INTERVENTION PLAN**  
**Non-Violent Crisis Intervention**  
**Response to Student Aggression / Violence to Self or Others**

Student Behavior Level	Staff Attitude / Approach
<p>1) Strike  2) Grab</p> <p>3) Restraint – (Used only as a LAST RESORT) when student is:</p> <p>A) Hurting Self  B) Hurting Others  C) Engaged in Dangerous Behavior and not responding to Verbal Interventions  D) Risks of Continued Behaviors are Greater than Risks of Restraint</p>	<p>1) Block and Move the Target  2) Release Techniques</p> <p>A) One Hand Grab Release  B) Two Hand Grab Release  C) One Hand Hair Pull Release  D) Two Hand Hair Pull Release  E) Front Choke Release  F) Back Choke Release  G) Bite Release</p> <p>3) Restraint Techniques – (Used only as a LAST RESORT)</p> <p>A) Children’s Control Position  B) Team Control Position  C) Transport Position</p>