

FUNCTIONAL BEHAVIORAL INTERVENTION PLAN

This form is intended to assist the IEP team in targeting factors and issues that may be contributing to student's maladaptive behaviors. The BIP is to be completed when it is determined that the student's behavior interferes with his/her learning or the learning of others.

Child's Name:	School:	District:	School Year:
MSIS ID Number:	Grade:	Race:	Gender:
Date of Birth:	Phone Number:	Current Eligibility Date:	Eligibility Category:
Mother's Name:	Father's Name:	Address:	

	Description of Behaviors	
Behavior 1		<input type="checkbox"/> Skill Deficit <input type="checkbox"/> Performance Deficit
Behavior 2		<input type="checkbox"/> Skill Deficit <input type="checkbox"/> Performance Deficit
Behavior 3		<input type="checkbox"/> Skill Deficit <input type="checkbox"/> Performance Deficit

- Skill deficit: The child does not know how to perform the desired behavior.
- Performance deficit: The child knows how to perform the desired behavior, but does not consistently do so.

	Environment and/or Circumstances: Can the environment or circumstances that trigger the behavior or the result of it be adjusted? If so, how?	Curriculum and/or Instruction: Would changes in the curriculum or instructional strategies be helpful? If so, what and by whom?	Other Strategies or Positive Supports: (including school personnel, peers, or family)
Behavior 1			
Behavior 2			
Behavior 3			

Fill in the demographic information UNDER each category below:

	What behavior will the child be taught to replace the targeted behavior? How and by whom?
Behavior 1	
Behavior 2	
Behavior 3	

	How will the child be reinforced so that the replacement behaviors are more motivating than the problem behavior?
Behavior 1	
Behavior 2	
Behavior 3	

	1 st Occurrence	2 nd Occurrence	3 rd Occurrence	Continuing
Behavior 1				
Behavior 2				
Behavior 3				

How will an emergency situation or behavior crisis be handled? (Define possible scenarios, including the use of in-school or out-of-school suspension, or aversive techniques, as appropriate)

How will behavior(s) be assessed and evaluated? What data will be collected? How and by whom? When will the plan be first reviewed for its effectiveness? Thereafter?

Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date
Signature/Title Date	Signature/Title Date

02/01/17

Special Education: Behavior Management and Discipline

Policy XII.19.B