

Behavioral Intervention Planning Form

Name of Student _____

Date of Meeting _____

Student's Date of Birth / Age _____

Student's Disability (ies) _____

This procedure is designed to assess this student's behavior, determine the relationship between the behavior and the disability, and provide options for interventions. The information obtained can be used for any of the following:

- Special Education IEP
- Academic Deficiency Student Learning Plan
- Prereferral Intervention
- Section 504 Plans
- Change of Placement
- Suspension-Expulsion

I. Reason for Conducting Behavioral Intervention Planning

1. This procedure was initiated because the student:

- Demonstrates a pattern of behavior problems that interferes with his or her learning
- Demonstrates a pattern of behavior problems that interferes with others' learning
- Has repeatedly been removed from class due to misbehavior
- Has a pattern of significant difficulty understanding or following school rules
- Has carried/brought a weapon to school or a school function

Indicate date(s) and circumstances:

- Has knowingly possessed or used illegal drugs or controlled substances at school or a school function

Indicate date(s) and circumstances:

- Other: _____

2. Has the school ordered a change in placement as a consequence of the student's behavior?

Yes No

Has a hearing officer ordered a change in placement of the student based on risk of injury to the student or to others?

Yes No

If yes, to which placement has the student been moved?

- Alternative Education Setting Describe: _____
- Non-Educational Setting Describe: _____
- Suspension If yes, for how many days? _____



II. Sources of Background Information

The committee has reviewed the following background information (fill out all that apply):

Parent information (e.g., interviews, notes)

Attached? Yes No

Brief summary of parent information: _____

Behavior checklists or rating scales

Attached? Yes No

Names of instruments: _____ Dates of administration: _____

Brief summary of results: _____

Observations

Attached? Yes No

Names of observers: _____ Dates of observation: _____

Brief summary of results: _____

Discipline records

Attached? Yes No

Brief summary of results: _____

Psychological evaluation

Attached? Yes No

Brief summary of evaluation information: _____

Evaluation information provided by other agencies/sources

Attached? Yes No

Brief summary of information: _____

Descriptions of previous interventions

Attached? Yes No

Brief summary of previous interventions attempted: _____

Prior functional behavioral assessment

Attached? Yes No

Brief summary of its results: _____

Prior behavioral intervention plan(s)

Attached? Yes No

Brief summary of prior BIP(s): _____

Other: _____

Attached? Yes No

Brief summary of information: _____

IV. Results and Interpretation of FBA/Current Data: Manifestation Determination

The following violations of the school district's code of conduct have occurred. Based on current information, one can determine whether each behavior is a manifestation of the student's disability. In determining whether the student's behaviors are a manifestation of his or her disability; refer to the Manifestation Determination Discussion Guide (found in the second section of the *Behavioral Intervention Planning* manual).

Is the behavior considered to be related to the student's disability?		Behavioral category	Is the behavior addressed in this BIP?	
Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Threats or aggression toward others	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Destruction of school property	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Disrespect/defiance of authority	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Violation of class rules	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unexcused lateness/leaving class	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Truancy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate language	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Leaving class or campus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stealing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Disruption of others' learning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

The committee has determined the following:

Yes No The student is capable of *understanding* the school rules as outlined in the local district's disciplinary policies.

(If *no*, develop, review, and/or modify the BIP by using Section V of this form.)

Yes No The student is capable of *following* the school rules as outlined in the district's disciplinary policies.

(If *no*, develop, review, and/or modify the BIP by using Section V of this form.)

Yes No The student's behavior interferes with learning.

(If *yes*, develop, review, and/or modify the BIP by using Section V of this form.)

For behavior(s) *not* related to disability:

Yes No The student will be subject to the local school district's existing disciplinary policies.

V. Behavioral Intervention Plan (BIP)

This plan provides strategies for improving the student's behavior.

			Evaluation	
Specific Goal(s)	Proposed Intervention(s)	Person(s) Responsible	Progress Codes: / = ongoing X = mastered D = discontinued	
			Schedule	Methods
			Date	Code

These goals were developed with consideration of the following information:

Parent concerns regarding special circumstances: _____

Teacher/administrator concerns regarding special circumstances: _____

Outside agency/professional concerns regarding special circumstances: _____

VI. Assurance and Approval

The committee's approval of the BIP and assurance that procedural safeguards have been followed are reflected in this section.

- The committee assures that the requirements of statutory and constitutional due process and due process under the Individuals with Disabilities Education Act (IDEA) have been met.
 Yes No
- My signature indicates that I was present at the meeting, participated in the discussion, and understand what was discussed. I have indicated my agreement or disagreement with the decision of the committee.

Signature	Position	Agree	Disagree	Date
Members				
Others				

- Check one of the two boxes below:
 - The committee mutually agreed to implement the BIP developed by this committee.
 - The committee has not reached agreement and will recess for not more than 10 school days. During the recess the members agree to gather additional information, obtain additional resources or professional assistance, and/or consider alternative approaches. This recess does not apply if the student presents a danger of physical harm to himself/herself or others, or if the student has committed an expellable offense.

If a recess is agreed upon, the committee will reconvene at _____ on _____
Time Date