



Functional Behavior Assessments and Behavior Implementation Plans

March 1, 2011

Functional Behavior Assessments (FBAs) are crucial to changing a student's behavior and can be used for all students with behavior needs. Behavior Implementation Plans (BIPs) are working documents created from the data collected by the FBA. This workshop will address the why and how of FBAs. It will also show how to use an FBA to write a solid BIP.

Dates: March 1, 2011

Audience: Special education teachers, PBIS teams, regular education teachers, school psychologists, principals, social workers.

Time: 8:30 a.m. - 3:00 p.m. (registration 8:00 a.m. - 8:30 a.m.)

Location: CESA 6 Office 2300 State Road 44 Oshkosh, WI 54903

Registration Fee: \$150.00 per person. Registration includes one day of training, materials, continental breakfast and lunch.

Registration Deadline: February 21, 2011

For Additional Information, contact:

Diane Braker, Coordinator of Alternative EBD Programming
CESA 6
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Email: dbraker@cesa6.k12.wi.us

- or -

Christine Klumpers
Program Support Teacher
CESA 6
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Email: cklumper@cesa6.k12.wi.us

Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.



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CESA 6 Office, Oshkosh

Participant Name(s) _____

Position(s) _____ District _____

Phone (Work) _____ (Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____ Special accommodations or dietary needs _____

RETURN TO:
Debbie Pinkerton, Program Assistant CESA 6, PO Box 2568, Oshkosh, WI 54903-2568

Please check one:

- Check is enclosed, made payable to CESA 6
- Bill my School District, PO # _____
- Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- Credit Card Payment

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____ 3 Digit Code on Back of Card _____