

Behavior Intervention Plan (BIP)

Student Information

Student Name:

Student ID:

Date of Birth:

Date:

IEP Team Members:

Target Behavior(s)

Describe the specific behavior(s) to be addressed:

Behavioral Summary

Summary of Behavior (Frequency, Duration, Intensity, Antecedents, Consequences):

Behavioral Goal(s)

Measurable Goals and Objectives:

Intervention Strategies

Prevention Strategies (Environmental modifications, schedule, prompts, etc.):

Teaching Strategies (Replacement behaviors to be taught):

Reinforcement Strategies (How appropriate behaviors will be reinforced):

Consequence Strategies (How inappropriate behaviors will be responded to):

Progress Monitoring

How will progress be measured and by whom:

Crisis Plan (If Applicable)

Procedures to ensure safety during a behavioral crisis:

Documentation

Describe how implementation of the plan will be documented and communicated to stakeholders:

Review Schedule

Date for review and person(s) responsible:

Signatures

Name	Role	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>