# Behavior Intervention Plan (BIP)

(USBE Rules I.E.6.)

District/School:

Student Name: DOB: Grade:

Initial BIP Revised BIP

Review Date: Effective Date:

## Background

Describe the student’s strengths, interests, and reinforcer preferences, and describe how, if applicable, this BIP was designed to incorporate this information:

Describe how this BIP reflects the function of the student’s problem behavior:

## Part 1: Reducing Problem Behavior(s)

In the following tables, describe intervention components intended to reduce problem behavior(s). Use enough detail that an unfamiliar person could potentially implement this BIP without needing additional information. Add additional rows to the tables as needed to describe all parts of the intervention.

### Problem Behavior(s) Addressed in this BIP

| **Problem Behavior** | **Operational Definition** | **Selected for Data Collection?** |
| --- | --- | --- |
|  |  | Yes No If yes, what will be measured? |
|  |  | Yes No If yes, what will be measured? |
|  |  | Yes No If yes, what will be measured? |

### Antecedent Interventions to Prevent the Problem Behavior(s)

| **Name of Intervention** | **Description of Intervention and How it will be Used** |
| --- | --- |
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|  |  |
|  |  |
|  |  |

### Consequence Interventions to Prevent the Problem Behavior(s)

| **Name of Intervention** | **Description of Intervention and How it will be Used** |
| --- | --- |
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|  |  |
|  |  |
|  |  |

## Part 2: Supporting Appropriate Replacement Behaviors

In the following tables, describe intervention components intended to support the student in learning the replacement behavior(s). Use enough detail that an unfamiliar person could potentially implement this BIP without needing additional information. Add additional rows to the tables as needed to describe all parts of the intervention.

### Replacement Behavior(s) Taught in this BIP

| **Replacement Behavior** | **Operational Definition** | **Selected for Data Collection?** | **How/When/By Whom will the Replacement Behavior be Taught?** |
| --- | --- | --- | --- |
|  |  | Yes No If yes, what will be measured? |  |
|  |  | Yes No If yes, what will be measured? |  |
|  |  | Yes No If yes, what will be measured? |  |

### Antecedent Interventions to Support the Replacement Behavior(s)

| **Name of Intervention** | **Description of Intervention and How it will be Used** |
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### Consequence Interventions to Respond to the Replacement Behavior(s) and/or Appropriate Behavior(s)

| **Name of Intervention** | **Description of Intervention and How it will be Used** |
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## Part 3: Safety Protocol

This part is only required if necessary to protect the student and/or others. Refer to USBE Rules I.E.6.j.

### Strategies, Modifications, and Other Changes for Safety

| **Name of Strategy, Modification, or Other Change** | **Description of Strategy, Modification, or Other Change and How it will be used** |
| --- | --- |
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## Part 4: Resources

### Staff Training on BIP

List the team member and the member’s role. Describe how and when training will take place. Add rows as necessary.

| **Team Member and Role** | **How and When Training will Take Place** |
| --- | --- |
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### Materials and Other Resources Needed to Implement

List items needed to implement BIP, then describe how and when item will be available, and the team member responsible. Add rows as necessary.

| **Item Needed** | **How and When Item will be Available** | **Team Member Responsible** |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

## Part 5: Data Collection and Evaluation

### Measuring the BIP’s Outcome (Student Progress Data)

| **What Data will be Collected?** | **How Often will Data be Graphed?** | **How Often will Data be Reviewed?** | **Roles of Team Member(s)** |
| --- | --- | --- | --- |
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### Measuring the BIP’s Implementation (Fidelity Data)

| **What Data will be Collected?** | **How Often will Data be Reviewed?** | **Roles of Team Member(s)** |
| --- | --- | --- |
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|  |  |  |
|  |  |  |
|  |  |  |

## Part 6: Review and Signatures

Date of next data review (4–6 weeks from meeting date):

### Signatures of Team Members

Name/Signature/Role Date

Name/Signature/Role Date

Name/Signature/Role Date

Name/Signature/Role Date

Name/Signature/Role Date

Name/Signature/Role Date