

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MEETING DATE: \_\_\_\_\_

### Consideration of Special Factors Behavior Intervention Plan

Does the student have behavior that impedes his/her learning or that of others?

Check one of four choices:

- 1.  The student is a preschooler not in a formal school setting. Any behavior issues will be addressed through behavioral goals/objectives, modifications, and/or supports in the IEP.
- 2.  The student does not have behavior that impedes his/her learning or that of others. The student has the capacity to understand and to follow school rules as outlined in the Code of Student Conduct.
- 3.  The student does not have behavior that impedes his/her learning or that of others; however, the student does not have the capacity to understand school rules as outlined in the Code of Student Conduct. Any needed discipline will be determined on an individual basis, consulting with teacher and parent.

*(If you checked 1, 2 or 3, complete pages 18 & 18a..)*

- 4.  The student has behavior that impedes his/her learning or that of others.  
*(If you checked 4, complete remainder of page 11 and page 12.)*

#### Antecedents

When is the problem behavior most likely to occur?	
During what subject/activity is the problem behavior most likely to occur?	
What people are present when the problem behavior is most likely to occur?	
Are there other events or conditions that immediately precede the problem behavior?	
When is the student most successful?	

Describe the targeted behavior in observable, measurable terms: \_\_\_\_\_

#### Consequences

What payoff does the student seem to obtain when he/she demonstrates the problem behavior?

- The student gains
- The student avoids/escapes
- Other:

What has been tried thus far to change the problem behavior?

#### Function of Problem Behavior

- A. When \_\_\_\_\_
- B. this student \_\_\_\_\_
- C. in order to \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ MEETING DATE: \_\_\_\_\_

**Consideration of Special Factors  
Behavior Intervention Plan**

**Replacement Behavior:**

Rather than: \_\_\_\_\_

I want this student to: \_\_\_\_\_

**Behavior Intervention Plan:**

Describe strategies, including positive behavioral interventions, and supports to address the behavior or support the student.

**Positive Behavioral Interventions, Strategies, Supports to Address Behavior**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Modify antecedents _____                        |  |  |
| <input type="checkbox"/> Teach alternative behavior _____                |  |  |
| <input type="checkbox"/> Student selection of reinforcing activity _____ |  |  |
| <input type="checkbox"/> Visit with school personnel                     | <input type="checkbox"/> Parental Contact      | <input type="checkbox"/> Peer mentor     |
| <input type="checkbox"/> Special activities/privileges                   | <input type="checkbox"/> Change schedule       | <input type="checkbox"/> Change seating  |
| <input type="checkbox"/> Clarify expectations                            | <input type="checkbox"/> Reminders             | <input type="checkbox"/> Counseling      |
| <input type="checkbox"/> Tangible reinforcers                            | <input type="checkbox"/> Points, tokens        | <input type="checkbox"/> Praise          |
| <input type="checkbox"/> Teach self-control skills                       | <input type="checkbox"/> Written contract      | <input type="checkbox"/> Self monitoring |
| <input type="checkbox"/> Visual supports/schedule                        | <input type="checkbox"/> Behavior Consultation | <input type="checkbox"/> Shortened day   |
| <input type="checkbox"/> Other: _____                                    |  |  |

**Intervention Strategies/Consequences**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Removal of reinforcing object/material _____                             |   |  |
| <input type="checkbox"/> Classroom management system _____  |   |  |
| <input type="checkbox"/> Planned ignoring   | <input type="checkbox"/> Verbal warning       | <input type="checkbox"/> Redirection     |
| <input type="checkbox"/> Delay of activities  | <input type="checkbox"/> Denial of privileges | <input type="checkbox"/> Detention       |
| <input type="checkbox"/> Administrative conference  | <input type="checkbox"/> Parental contact     | <input type="checkbox"/> Counseling      |
| <input type="checkbox"/> Isolation in classroom   | <input type="checkbox"/> Time-out             | <input type="checkbox"/> Office referral |
| <input type="checkbox"/> Restitution  | <input type="checkbox"/> Sent home            | <input type="checkbox"/> Modified day    |
| <input type="checkbox"/> Physical assist  | <input type="checkbox"/> Suspension *         | <input type="checkbox"/> Call police     |
| <input type="checkbox"/> Alternative Classroom Setting (Special Education Services must continue) |   |  |
| <input type="checkbox"/> Physical restraint (only when student endangers self or others).         |   |  |
| <input type="checkbox"/> Other: _____   |   |  |

\* For cumulative suspensions of more than 10 days, the IEP team must convene

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_