

Behavior Support Plan

Student Name: _____ DOB: _____ Date of Meeting: _____

Behavior impeding learning: _____

It impedes learning because: _____

Team estimate of need for behavior support plan

- extreme serious moderate needing attention, early intervention

Current Frequency/Intensity/Duration of Behavior _____

IEP Team believes behavior occurs because: _____

What team believes student should do instead of the problem behavior:

What supports the student using the problem behavior:

Behavior Goal/Objectives related to this plan:

- | | | |
|---|------------------------------|-----------------------------|
| 1. To achieve this outcome <u>both</u> teaching of new alternative behavior and reinforcement is needed..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. To achieve this outcome reinforcement of alternative behavior alone is emphasized (no new teaching required) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. To achieve this outcome environmental supports are needed..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are curriculum accommodations needed..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Student Name: _____ DOB: _____ Date of Meeting: _____

Teaching strategies and necessary curriculum or materials for new behavior instruction

By whom? _____ How frequent? _____

Environmental structure and supports to be provided (Times/Space/Materials/Interactions)

By whom? _____ Who monitors? _____

Reinforcement procedures

By whom? _____ Frequency? _____

Reactive strategy to employ/debriefing procedures for problem occurs again.

By whom? _____ Frequency? _____

Communication Provisions - daily/weekly reports/record keeping.

Between _____ Frequency? _____