

JOHNSTON PUBLIC SCHOOLS
Special Services

BEHAVIOR INTERVENTION PLAN

SCHOOL DISTRICT: _____ **DATE:** _____

STUDENT: _____ **D.O.B.:** _____

SCHOOL: _____ **GRADE:** _____

Description of the problem: (Include relevant history)

How do these behaviors impact upon the learning of this student or other students?

Past Interventions:

Hypothesis Statement: (Suspected function(s) of behaviors, derived from functional behavioral assessment)

Student's Objectives: (Based on IEP goals-What does the team anticipate that the student will be able to do?)

- 1.
- 2.
- 3.

Assessment of Progress: (What criteria will be used to determine the degree to which the objectives are being achieved)

JOHNSTON PUBLIC SCHOOLS
Special Services

Name: _____

D.O.B.: _____

Intervention Plan: (what will the school, parents, students, and others do to support progress toward the objectives?)

- 1.
- 2.
- 3.
- 4.
- 5.

Persons responsible for each step of the intervention plan: (Refer to item number in the intervention plan)

- 1.
- 2.
- 3.

Review Date: _____

(When will the team meet again to review whether the interventions are working and whether the student is progressing toward objectives, and, if needed, to modify/redesign the plan?)

Signatures:

| Name |
|-------------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

| Role |
|-------------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

JOHNSTON PUBLIC SCHOOLS
Special Services

| |
|--|
| |
|--|