

## BEHAVIORAL INTERVENTION PLAN

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Participants

Name

Title

_____
_____
_____
_____
_____

_____
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Target Behavior(s):

Function of Behavior:

Behavioral Goal(s):

1. Evaluation of Progress: How will success be measured?

*Include what (increase/decrease in behavior, academic improvement, etc.), how (how often and in what form), and who (person responsible and due date).*

2. Modification of Setting Events/Antecedents

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## 3. Positive Programming/Replacement Behaviors to Be Taught/Interventions

By Whom: \_\_\_\_\_

Implementation Date: \_\_\_\_\_

## 4. Reinforcement Strategies

## 5. Redirection Strategies/Staff Response to Recurrence of Target Behavior

## 6. Additional School Based Support

## 7. Other Considerations