**FBA and BSP Procedural Flow Chart**

The team has implemented and documented Tier I and II behavioral interventions and have evaluated their efficacy.

Data team or TAT refers student for an FBA and

selects FBA/BSP team leader

*Potential Candidates:*

*Case Manager, Counselor, Special Education Teacher, General Education Teacher*

Team leader obtains written consent.

*Copies of written consent: student’s cumulative file, home to parents, TIENET (if applicable).*

Consult with district consultants as needed

Gather data:

FBA form, SWIS data, observations, interviews, file review, etc.

Team leader facilitates meeting to determine behavior pathway, develop BSP, assign roles and responsibilities,

and *determine progress monitoring system*

(Examples: daily behavior chart, SWIS, etc.)

|  |
| --- |
| *Meeting Participants:* |
| * *General Education Teacher* |
| * *Administrator* |
| * *Applicable building level specialists: Special Educator, SLP, School Psych, Title I Teacher, ELD Teacher, Counselor* |

Review FBA and BSP with parent, either by phone or in a meeting.

*Copies of BSP: in cumulative file, home to parent, attached to IEP (if applicable)*

\*\*Share BSP with *all* teachers, support staff, and administrative staff who work with the child (including substitutes).\*\*

Schedule follow-up meeting to review progress data in 4-8 weeks:

1. *Review progress data and fidelity of implementation.*
2. *Revise BSP, as needed.*

Is the plan effective?

Continue monitoring and consider which supports can be faded first.

**YES**

**NO**

Adjust plan based on data.

**Procedural Guidelines for Functional Behavior Assessment**

**& Behavior Support Plans**

*FBA and BSP Forms are located online:* [*http://blogs.bethel.k12.or.us/pbis/*](http://blogs.bethel.k12.or.us/pbis/?page_id=229)

**When to conduct an FBA and create a BSP:**

* The team has implemented and documented Tier I and II behavioral interventions and have evaluated their efficacy. District consultants and/or school psychologist are invited to IPBS meetings/ TAT meetings.
* The data team or teacher assistance team concludes that a student is showing recurrent behaviors that are interfering with the learning of the student or others.
* In most cases, an FBA and BSP should be conducted prior to referring a student for a behavioral evaluation. A BSP is considered a Tier III behavioral intervention.
* An FBA and BSP should be considered as part of a manifestation determination process.
* If the student has a current BSP from a different setting, the team will implement the BSP while, and conducting a new FBA and creating an updated BSP.
* ***Note: All BSPs require an FBA.***

**Functional Behavior Assessment:**

* Written consent is required for conducting an FBA.
  + *Written consent forms are available in English and Spanish on the district website*.
* Once consent is obtained, the team leader facilitates the FBA and gathers data using the FBA form (required), and other sources, such as observations, SWIS data, interviews, and a file review.
  + *Resources and tools for gathering data are available on the district website*.
* Team leaders can be any staff trained in the FBA/BSP process, including the counselor, special education teacher, general education teacher, or speech pathologist.
* The FBA/BSP team should include at least one certified staff with whom the student interacts with on a daily basis. If the student has an IEP, the case manager should be highly involved or fill the role of team leader.
* A student interview should be conducted as part of the FBA collection because research shows student involvement increases plan efficacy.

**Behavior Support Plan:**

* Team meets to develop an FBA summary/behavior pathway and a behavior support plan. In this meeting the team:
  + Determines how progress will be tracked.
    - *Resources for tracking progress are available on the district website.*
  + Assigns roles and responsibilities of team members.
  + Schedules a follow-up meeting in 4-8 weeks and determines how the plan will be monitored.
* BSP is shared with parents either on the phone or in a meeting. A copy of the BSP is given to the parents and put in the cumulative file.
* The BSP is shared with all teachers, staff members, and administrators who work with the student.
  + *Make sure to include any substitute teachers and staff, as needed.*
* If a student is already eligible for special education services, the BSP is attached to the IEP in TIENET.
* Data on student behavior and fidelity of implementation is reviewed at the follow-up meeting. BSP is adjusted as needed. If data shows plan is ineffective, then the team may contact the district behavior specialist for more assistance.

*The school’s FBA team may consult with the school psychologist, autism specialist, and/or behavior specialist as needed throughout this process.*FBA/BSP CHECKLIST

Date Consent Obtained:

FBA Team Leader:

|  |  |  |
| --- | --- | --- |
|  | Person Responsible | Completion Date |
| Parent/Guardian Consent |  |  |
| Parent/Guardian Interview |  |  |
| Student Interview |  |  |
| Team FBA form |  |  |
| BSP written and shared with team |  |  |
| Data collection system established |  |  |
| Plan start date: | | |

Parent/Guardian Functional Assessment Interview

**Student** **\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**Person Interviewed** **\_\_\_\_\_**

**Interviewer/Role** \_\_\_\_\_\_\_

**Date      \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Relationship      \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Who does your child currently live with?**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **2) Are there other persons outside the household that your child has a positive relationship with?** (e.g., friends/family, peers, teachers/staff) |
| **3) What are the primary languages spoken in the home?** |
| **4) What is the morning routine in your house before school?** (e.g., Who is there? How does student get to school? Does the student eat breakfast? etc.) |
| **5) What is the student’s after-school routine?** (e.g., What time does the student get home? Who supervises the student? What activities does the student do? What is the homework routine? What time does the student usually go to bed?) |
| **6)What hours do parent/guardian work?** |
| **7) What are your child’s sleep habits/patterns?** |
| **8) Is there any information about the home/family situation that is important for us to know?** |
| **9) What are your child’s strengths/or things that they are good at? (**include hobbies, interests, school subjects, etc.) |
| **10) What are your child’s interests? Are there specific activities/toys they enjoy?** |
| **11) Does your child have any favorite foods or snacks?** |
| **12) What are your primary concerns for you child?** |
| **13) Does the behavior of concern occur at home or with other caregivers? What does it look like?** |
| **14) Does the behavior of concern occur elsewhere in the community? What does it look like?** |
| **15) In what settings are the behavior?** |
| **16) Are there specific people present when behavior of concern is most likely to occur?** |
| **17) Are there days or times of day when the behavior of concern is more likely to occur?** |
| **18) Where does the behavior of concern not occur?** |
| **19) What do the adults do after the behavior of concern occurs?** |
| **20) Why do you think your child might engage in this behavior?** |
| **21) Is there anything that might happen outside of school that increases the chances your child is going to have a challenging day at school?** (eg. Missed medications, illness, conflict at home, bad news, lack of sleep, etc.) |
| **22) Is there anything else that would help school staff better understand your child?** |
| **23) Are there any ongoing medical problems or concerns?**  Physician’s name and contact info, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Provide release of information if parent/guardian would like school team to be able to exchange information with their child’s care providers\* |
| **24) Is your child currently receiving any outside supports? (counseling/therapy)**  **YesNo**  Mental health provider’s/counselor’s name and contact info, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **25) What other support systems are available to the family?** (e.g., extended family, neighbors, friends, community-based organizations, agencies) |
| **26) Is your child involved in any other community programs, clubs or recreational activities outside of school?** |
| **27) Is there anything else you would like us to know?** |

**Student Functional Assessment Interview**

**1. What are some things that you like to do? What are you interested in? What are you good at?**

**2. What is your favorite part about school?**

**3. What is the hardest about school?**

**4. Behavior - What are some things at school that cause problems for you?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Activity & Staff Involved** | **Likelihood of Behavior of Concern** | **Specific Behavior of Concern** | **What happens when you do this behavior?** |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |

**5. When you have one of these problems, what usually sets it off? (long assignment, written work, name calling, certain kids being around, boring assignment, working in groups, teacher remark)**

**6. Function - What usually happens right after you do something that causes problems for you? (talk to principal, talk to teacher, kids laugh, detention, etc.)**

**7. What would you like your goal to be?**

**8. Your teachers want to help you get there. Can you give them any ideas about things they could do differently in the classroom that would help you?**

**9. What are some things that you would like to earn? (After student responds- share interest inventory with them)**

**Reinforcer Survey**

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

Directions: Place a check mark next to all of the types of activities or consequences that you would like to work for. If there is something you would like to work for, but it is not listed, write it in the blank space below.

Read magazines

Work on a puzzle

Earn extra minutes of free time

Listen to music on headphones

Earn time to shoot basketball in the gym

Use the computer

Design the bulletin board

Choose a mystery prize

Be the leader of my group

Be the classroom monitor

Answer the phone for the teacher

Pass out materials

Get fewer homework problems

Earn bonus points

Read comic books

Work on art project

Spend time working in main office

Get your favorite snack or drink \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eat lunch with my favorite teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra time with a friend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite teachers or staff are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Functional Behavior Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student**: | **School**: | **Date**: | |
| **Grade**: | **Case Manager**: | **IEP?** | **504?** |

|  |  |
| --- | --- |
| **Date FBA Consent Signed**: | **Date Parent/Guardian Interviewed:** |
|  | **Date Student Interviewed:** |

|  |
| --- |
| **Assessment Team**:  Include all staff involved with student, parent/guardian, and other outside care providers |

|  |
| --- |
| **Student Strengths:**  **Academic – accurate reader, addition/subtraction skills are solid, interested in science**  **Home –** ex: makes friends easily, flexible to change, etc.  **Other –** ex: makes friends easily, flexible to change, etc. |

|  |
| --- |
| **1) Identify and define the *primary* behavior of concern:** *(Describe behaviors that are observable and measurable.)* |

**2) Identify Where, When and With Whom Behaviors of Concern are most likely:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Activity & Staff Involved** | **Likelihood of Behavior of Concern** | **Specific Behavior of Concern** | **Current Strategies for Addressing the Behavior of Concern** |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |
|  |  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Low | |  |  | High | | | 1 | 2 | 3 | 4 | 5 | 6 | |  |  |

|  |
| --- |
| **Parent/guardian input about behavior(s) of concern:** (*when, where, and with whom?)* |
| **Student input about behavior(s) of concern:** (*when, where, and with whom?)* |
|  |
| **3) Identify Lagging Skills:**  Expressive communication needs  Language comprehension  Sensory issues:  Transitions (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Academic skills (specify): math (addressed in resource room)  Self-regulation skills (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social/friendship skills (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Skills to ask for help: when work is too hard, he tends not to ask for help which may be a trigger  Difficulty with adapting to changes in routine  Difficulty considering outcomes/consequences of actions  Difficulty seeking attention appropriately  Difficulty taking the perspective of another person  Other: |

|  |
| --- |
| **4) Identify Setting Events:** *(use information from parent/guardian and student interview)* |
| Family/life factors: \_ex: housing issues, divorce, family changes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cultural considerations: \_ex: race/ethnicity, gender, religion, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health factors: \_ex: medication, diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sleep/hunger: \_\_ex: too little/too much \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time of day: \_ex: not a morning person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day of week: \_ex: Monday after being at grandma’s every weekend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Staff: \_\_ex: regular teacher out sick\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **5) Identify Triggers (Academic, Social, & Environmental):** *(Use above routines analysis, teacher, student, parent interview as well as SWIS data)* | |
| **CONDITIONS ASSOCIATED WITH BEHAVIOR OF CONCERN:** | **CONDITIONS ASSOCIATED WITH SUCCESS:** |
| **TASK or events when the behavior of concern *does* occur?** | **TASK or events when the behavior of concern *does not* occur?** |
| Adult Direction  Reading  Writing  Math  Transition  Social Demand *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Adult Direction  Reading  Writing  Math  Transition  Social Demand *(specify):*likes partner work  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WHERE: in what settings is the behavior of concern *most* likely?**  Whole Group (several reading transitions)  Independent Work  Small Group (if transitions)  Elective/Special *(specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unstructured (recess, hall, lunch, etc.) *(specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WHERE: in what settings is the behavior of concern *least* likely?**  Whole Group  Independent Work  Small Group (once already transitioned)  Elective/Special *(specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unstructured (recess, hall, lunch, etc.) *(specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PEOPLE: People present when the behavior of concern is *intensified or increased*?** | **PEOPLE: People present when the behavior of concern is *better*?**  Ex: small group of peers |
| **TIME: what days or times is the behavior of concern *intensified or increased*?**  Ex: first hour after arriving to classroom, Thursdays | **TIME: what days or times is the behavior of concern better?**  Ex: specials block after lunch, Fridays |

|  |
| --- |
| **6) What Happens After the Behavior of Concern Occurs:**  **What does the adult do:**  **What do peers do:**  **What does the target student do:** |

|  |
| --- |
| **7) Best Guess of the Function of the Behavior of Concern:**  **OBTAIN:**  Attention (specify peer or adult):  Sensory Stimulation  Preferred Activity/Object (specify):  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AVOID**:  Sensory Stimulation  Unpleasant Feelings  People/Social Situation  Task *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **EXPRESS:**  Anger  Frustration  Fear/Anxiety  Sadness  Other *(specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **8) Develop Hypothesis or Summary Statement About the Behavior of Concern:**  **When these triggers (antecedents) occur *(list)*:** ex: student is given an individual writing task  **The student exhibits the following behavior of concern:** ex: student refuses to complete work and tears up paper **in order to** ex: avoid writing task  **The behavior of concern is most likely when the following setting events are occurring *(list)*:** ex: student did not take medications, student is hungry, on Mondays |

**Behavior Support Plan**

**Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BSP Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Behavior Hypothesis** *(from FBA form #8)* |
| *When student (trigger) , the student (behavior) in order to (function) .* |

|  |
| --- |
| **Goal** *(observable, measurable, and positively stated)* |
|  |

*\*Majority of Behavior Support Plan should be focused on prevention and teaching.*

***\*NOTE: Items with checkboxes are common tools/suggestions and not all boxes must be checked***

|  |  |  |
| --- | --- | --- |
| **Prevention/Changes in Environment**  *\*Address setting events, if possible, and triggers*  *\*Always specify who, what, when, where* | | **Person Responsible** |
| **Helper Task:** | |  |
| **Individualized Break Plan:** | |  |
| **Extra Adult Check-Ins:** | |  |
| **Positive Morning Routine Prior to Entering Classroom:** | |  |
| **Schedule Change:** | |  |
| **Pre-Correct:** | |  |
| **Warnings for Transitions/ Schedule Change:** | |  |
| **Connect Family to Services:** | |  |
| **Teach Peers How to Respond:** | |  |
| **Peer Mentor/Support:** | |  |
| **Other *(specify):*** | |  |
| **Skills to Be Taught**  \**See lagging skills (Use section #3 from FBA form)*  *\*Include who is teaching, what is being taught, and frequency* | **Frequency** | **Person Responsible** |
| **Social Skills *(specify):*** |  |  |
| **Regulation Skills *(specify):*** |  |  |
| **Academic Skills *(specify):*** |  |  |
| **Other *(specify):*** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Positive Reinforcement**  *\*Consider function of behavior and student preferences from student interview.*  *\*Specify what type of activity*  *\*For students that need novel reinforcement, consider a menu of reinforcers that they can choose from* | **Condition for Reward**  *ex: student gets 80% on point sheet they earn 10 minutes of computer time in the front office.* | **Person Teaching** | **Person Delivering** |
| **Extra Peer Activity:** |  |  |  |
| **Desired Activity:** |  |  |  |
| **Fun Activity with Adult:** |  |  |  |
| **Tangible Item:** |  |  |  |
| **Avoid Task:** |  |  |  |
| **Positive Parent Contact:** |  |  |  |
| **Other *(specify)*:** |  |  |  |

|  |  |
| --- | --- |
| **Corrective Consequences**  *\*Always specify who, what, when, where*  *(ex: when student yells out in class, student will complete problem solving sheet in front office with help from the counselor before returning to class)* | **Person Responsible** |
| **Parent Communication:** |  |
| **Lack of Earned Planned Reinforcer:** |  |
| **Problem-Solving Sheet/ Activity:** |  |
| **Restorative Practice:** |  |
| **Reteaching of Skill or Expectation:** |  |
| **Other *(specify):*** |  |

|  |  |
| --- | --- |
| **How Will Data be Collected?** | **Person Responsible** |
| **Behavior Data Sheet** |  |
| **Modified Check-In/ Check-Out Data Sheet to Track Goals** |  |
| **Other *(specify):*** |  |

**Plan Will Be Monitored By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Follow-Up Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Will Be Reviewed Via:** IPBS Data Team IEP/504 team

**Behavior Support Plan – Review Form**

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

|  |
| --- |
| **Baseline Data:** |

|  |
| --- |
| **Data at Time of Review:** |

|  |
| --- |
| **Fidelity Check:**  *Is the plan having a positive effect on academics?*  *Is the plan having a positive effect on behavior?*  *Are we implementing the plan as written?*  *Barriers to plan?* |

|  |
| --- |
| **Modifications to Plan:** |

**Follow up date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Student Safety Plan**

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

|  |  |  |  |
| --- | --- | --- | --- |
| **Student**: | **School**: | **Date**: | |
| **Grade**: | **Case Manager**: | **IEP?** | **504?** |

|  |  |  |
| --- | --- | --- |
| **Contact Information** | | |
| **Parent/Guardian:** | | |
| *Cell:* | *Home:* | *Other:* |
| **Emergency Contact:** | | *Phone:* |

|  |
| --- |
| **Description of Specific Unsafe Behaviors (why student requires a safety plan)** |
|  |

|  |  |  |
| --- | --- | --- |
| **Warning Signs/Triggers** | **Strategies That Work** | **Strategies That Do Not Work** |
|  |  |  |

|  |  |
| --- | --- |
| **Escalation Response Plan** | |
| **What to do if student exhibits above described behavior?** | **Who will do what/backup staff** |
|  |  |