

POSITIVE BEHAVIOR SUPPORT PLAN - A

Ventura County SELPA IEP

(Optional form for students whose behavior impedes learning)

Student Name _____ D.O.B. _____ Meeting Date _____

Description of INAPPROPRIATE BEHAVIOR which impedes learning (observable/measurable): _____

Current frequency/intensity/duration of inappropriate behavior: _____

Reason for student's behavior (what outcome he/she gains, e.g., sensory, escape, attention, etc.): _____

Description of POSITIVE BEHAVIOR which would replace the inappropriate behavior and gain the same outcome (observable/measurable): _____

Current frequency/intensity/duration of positive behavior: _____

PLAN FOR DECREASING INAPPROPRIATE BEHAVIOR	PLAN FOR INCREASING POSITIVE BEHAVIOR
<p>Strategies: (i.e., teaching strategies or curricular, material or environmental modifications)</p> <p>Strategies to use if inappropriate behavior occurs:</p>	<p>Strategies: (i.e., teaching strategies or curricular, material or environmental modifications)</p>
<p>Reinforcement: (What/When) – include plan for fading</p>	<p>Reinforcement: (What/When) – include plan for fading</p>

Method of documenting progress of this plan: _____

Method of communication with family: _____

Person responsible for monitoring this plan: _____

See annual goals for decreasing the inappropriate behavior and/or increasing positive behavior: Yes No