

**POSITIVE BEHAVIOR SUPPORT PLAN – C**  
**Ventura County SELPA IEP**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Meeting Date \_\_\_\_\_

Behavior impacting learning is \_\_\_\_\_

It impedes learning because \_\_\_\_\_

Team estimate of current severity of behavior problem  extreme  serious  moderate  needs attention, early stage intervention

Current frequency/intensity/duration of behavior \_\_\_\_\_

IEP Team believes behavior occurs because (team hypothesis) \_\_\_\_\_

What team believes student should do instead of this behavior (match to hypothesis) \_\_\_\_\_

What supports the student using the problem behavior (in environment, missing in environment, or instruction) \_\_\_\_\_

To achieve this outcome, both teaching of new alternative behavior and reinforcement is needed  Yes  No

To achieve this outcome, reinforcement of alternative behavior alone is emphasized (no new teaching necessary)  Yes  No

To achieve this outcome, environmental supports are needed  Yes  No

Are curriculum accommodations necessary?  Yes  No      Is there a curriculum accommodation plan?  Yes  No

**Teaching strategies and necessary curriculum or materials for new behavior instruction**

By whom? \_\_\_\_\_ How frequent? \_\_\_\_\_

**Environmental structure and supports to be provided (time/space/materials/interactions)**

Who will establish? \_\_\_\_\_ Who will monitor? \_\_\_\_\_

**Reinforcement Procedures (include fading procedures)**

By whom? \_\_\_\_\_ Frequency? \_\_\_\_\_

**Reactive strategy to employ/debrief procedures to use if problem behavior occurs again**

Personnel: \_\_\_\_\_

**Communication Provisions – Daily/Weekly Reports/Record Keeping**

Personnel Involved: \_\_\_\_\_ Frequency \_\_\_\_\_

See annual goals for decreasing behavior impacting learning and/or increasing replacement behavior:  Yes  No