

Behavior Intervention Plan
Ventura County SELPA IEP
[California Code of Regulations, Title 5, Section 3001 (f)]

Name _____ D.O.B. _____ Date _____

Behavior Intervention Case Manager: _____ Phone No.: _____

I. Summary of the **Functional Analysis Assessment** (include a brief history of the problem behavior and ecological and setting factors when it most often occurs).

II. Description of Behavior:

A. Problem Behavior:

1. Description:

2. Communicative Function:

3. Current Baseline:

4. Goals: (Attach a completed/Annual Goals or Goals and Objectives page)

B. Replacement Behavior:

1. Description:

2. Communicative Function: (How the replacement behavior will address it)

3. Current Baseline:

4. Goals: (Attach a completed Annual Goals or Goals and Objectives page)

III. Interventions:

A. Problem Behavior:

1. Ecological changes -

2. Instructional changes –

3. Reinforcement –
 - What is being reinforced
 - What is the reinforcement
 - Schedule of delivery
 - By whom

4. Plan for fading interventions as behavior reduces –
5. Criteria for reviewing/changing interventions if ineffective –
6. Reactive plan (if behavior occurs) –

B. Replacement Behavior:

1. Strategies for teaching or increasing -
2. Reinforcement –
 - What is being reinforced
 - What is the reinforcement
 - Schedule of delivery
 - By whom
3. Plan for fading interventions as behavior increases -
4. Plan for reviewing/changing interventions if ineffective –

IV. Strategies for implementing this plan in home, residential facility, worksite or other setting (if any):

V. Data Collection Methods:

OCCURRENCE OF PROBLEM BEHAVIOR	OCCURRENCE OF REPLACEMENT BEHAVIOR
Will measure: Frequency, duration, intensity (<i>circle all that apply</i>) How often: Method:	Will measure: Frequency, duration, intensity (<i>circle all that apply</i>) How often: Method:

FREQUENCY OF USE OF INTERVENTIONS
Intervention(s) to be measured: How often: Method:

(Attach charts, checklists, etc to be used for collecting data on all three above)

Consultation by Case Manager:

With staff: Method _____ Frequency _____

With parent: Method _____ Frequency _____

Plan to be reviewed:

Date(s): _____

IEP Team Member(s) responsible for reviews: _____

Method: _____