**Stafford County Public Schools-Department of Student Services**

31 Stafford Avenue, Stafford, VA 22554

(540) 658-6500 Fax (540) 658-6042

**Behavior Intervention Plan (BIP)**

Meeting Date:

Student:                   Date of Birth:

Last First Middle

Current Placement: Grade: Special Education:  Yes  No If yes, disability:

**Steps 1-5 of the Functional Behavioral Assessment have been completed.**

**6. Restatement of Hypothesis:**

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**7. Replacement Behavior(s)/Skills to be learned:** What will be the behaviors that the student needs to learn? What will be the student’s responsibility?

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**8. The PLAN: Positive Behavioral Supports/Environmental Supports/Interventions** What supports will be in place in class or other environments to promote student success? What will be implemented to teach and monitor replacement behavior(s)? What will adult responses be when student engages in target behavior? What will adult responses be when student engages in replacement behavior?

**9. Student Reinforcers:**

What types of reinforcers will be used to motivate learning and generalization of replacement behaviors? ­

Who will be responsible for providing reinforcement?

Will a checklist/chart be needed to document student performance? YES NO Created/Provided by:

\*\*Attach any sample documents of reinforcement schedules or checklists/charts\*\*

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| --- | --- | --- | --- |
| **Implementation Place:** **Start Date:**  **Person(s) Responsible:**       **Date of Proposed Review:** | | | |
| **Person(s) Attending** | **Position** | **Person(s) Attending** | **Position** |
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