SF-2 Behavior Intervention Plan

Educational Agency:						
Child's Name:	Student ID: (Grade: Date of Meeting:				
should be integrated within the it helpful to develop all composed relevant components of Section	ne IEP document. However, onents of the plan at one tir on 5 (measurable annual go nd supports for school pers	on Program (IEP), this document, to while focusing on behavioral integral. For this reason, the behavior is also and 6 (program modifications connel provided for the child) of the child of the child is a second to the child.	rventions, the team may find ntervention plan includes and specifically designed			
Strengths of the student:						
Antecedents to the	Behavior of Concern	Consequences Maintaining	Perceived Function of the			
Behavior of Concern Identify what happens before the behavior of concern: (Consider medical factors, social variables, activity demands, environmental stimuli, etc.)	Describe the behavior using measurable, observable terms	the Behavior of Concern Identify what happens after the behavior of concern: (What are actions taken by adults/peers? What activities does the student engage in or stop engaging in? What does the student gain, or what does the student avoid, escape, or postpone?	Behavior of Concern To gain: To avoid, escape, or postpone: *Note: The perceived function of the behavior of concern is the team's hypothesis. Ongoing data collection and analysis are required to support or refute this hypothesis			
Hypothesis Statement:						
When (antecedent to the bel	navior of concern):					
The student (behavior of concern):						
In order to (perceived function of the behavior of concern)						
Identify educational skill defisions social skill deficits, sensory property Describe:		r <mark>ior of concern: (Academic skill de</mark>	ficits, communication and/or			
Refer for further assessment: (check here and describe plan for assessment if skill deficits have not previously been assessed and identified.)						
Educational deficits addressed in the other areas of IEP: (Check here if deficits have been previously assessed and identified and describe how they are being addressed in the IEP)						
Describe:						

Measurable Annual Goals: (Also include in section 5 of the IEP form)				
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (must include baseline data that				
relates to measurable annual goal, along with a comparison statement to grade level peers)				
MEASURABLE ANNUAL GOALS				
METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL:				
MEASURABLE OBJECTIVES				

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.

Reported every weeks

A Antecedent (prevention) Strategies:

Outline strategies to assist in preventing the behavior of concern from occurring and to increase the occurrence of the replacement behavior. This may include a description of environmental adjustments or adjustments to type of content or instruction presented to the student.

B Replacement Behavior:

Identify the behavior that will be taught to the student as a replacement to the behavior of concern. The replacement behavior should efficiently achieve the same function as the behavior of concern. Include the plan for instruction including prompts and systematic adjustment of behavior requirements over time (based on data).

C Consequences (reinforcement- include procedures to follow to increase desired behavior) for when the student performs the replacement behavior:

Describe specific procedures for providing reinforcement when the student performs the replacement behavior, so that the replacement behavior will be effective and efficient for the student in achieving the same function.

Reinforcement should increase the likelihood that the student will continue or increase the replacement behavior. Also, include a plan for systematically reducing the reinforcement schedule over time (based on data).

C Consequences (including procedures to follow to decrease undesired behavior) when the student performs the behavior of concern:

Describe specific procedures to follow when the student performs the behavior of concern. Procedures should ensure that the behavior of concern will no longer be effective and efficient in achieving the function, thus weakening the behavior of concern. Include the order of progression of specific procedures to follow, and crisis plan, if appropriate.

Specially Designed Supports – (Also include in section 6 of the IEP)

*Fill in applicable sections

	DINSTRUCTION		
TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICE
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
			TREQUENCY.
SERVICE	IS or Related Service Provider)	OVERSEEING PROVISION OF	
SERVICE			
The IS or Related Servic	e Provider must oversee the sp	pecial education services of a student and have the p	orimary responsibility, to design the
nsure documentation o		·	, , , , , ,
RELATED SERVICES			
	GOAL ADDRESSED	DIRECT CERVICE PROVIDER	LOCATION OF SERVICES
TYPE OF SERVICE	GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
•	IS or Related Service Provider)	OVERSEEING PROVISION OF	
SERVICE			
SUPPLEMENTARY AI	DS AND SERVICES		
SUPPLEMENTARY AI	DS AND SERVICES GOAL ADDRESSED	DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
		DIRECT SERVICE PROVIDER	LOCATION OF SERVICES
		DIRECT SERVICE PROVIDER AMOUNT OF TIME:	LOCATION OF SERVICES FREQUENCY:
TYPE OF SERVICE BEGIN:	GOAL ADDRESSED	AMOUNT OF TIME:	
TYPE OF SERVICE BEGIN:	GOAL ADDRESSED END:	AMOUNT OF TIME:	
TYPE OF SERVICE BEGIN: TITLE OF PERSONNEL (I	GOAL ADDRESSED END:	AMOUNT OF TIME:	
TYPE OF SERVICE BEGIN: TITLE OF PERSONNEL (I	GOAL ADDRESSED END:	AMOUNT OF TIME:	
TYPE OF SERVICE BEGIN: TITLE OF PERSONNEL (I	GOAL ADDRESSED END: IS or Related Service Provider)	AMOUNT OF TIME:	
TYPE OF SERVICE BEGIN: TITLE OF PERSONNEL (I SERVICE	GOAL ADDRESSED END: IS or Related Service Provider)	AMOUNT OF TIME:	
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TYPE OF SERVICE BEGIN: TITLE OF PERSONNEL (I SERVICE ACCOMIMODATIONS BEGIN:	GOAL ADDRESSED END: IS or Related Service Provider)	AMOUNT OF TIME:	

AMOUNT OF TIME:

FREQUENCY:

BEGIN:

END:

Communicating the Behavior Intervention Plan

The plan will be communicated to the following people (should include all individuals who work with the student, e.g., bus driver, clinic aid, school resource officer.)						
Person to be contacted: How contact will be made: Person responsible: (Frequency):						
IEP Team Members:						
Parent (Print Name)	Signature	Date				
Student (Print Name)	Signature	Date				
Case Manager (Print Name)	Signature	Date				
Other (Print Name)	Signature	Date				
Other (Print Name)	Signature	Date				
Other (Print Name)	Signature	Date				