**Behavior Intervention Plan**

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| **Date:** |       | **Student:** |       |
| **DOB:** |       | **School:** |  | **Grade:** |  |

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| **Description of observable problem:** (include relevant history) |
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| **How do these behaviors impact upon the learning of this student or other students?** |
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| **Past Intervention strategies:** |
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| **Hypothesis Statement:** (suspected function(s) of behavior, derived from functional behavioral assessment) |
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| **Student's Objectives:** (What does the team anticipate that the student will be able to do, as benchmarks toward IEP goals?) |
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| **Assessment of Progress (Attach rubrics as applicable):** (What criteria will be used to determine the degree to which the objectives are being achieved?) |
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| **Intervention Plan:** (What will the school, student and others do to positively support progress toward the objectives?) |
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| **Persons responsible for each step of the intervention plan:** (refer to item #s in the intervention plan) |
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| **Review Date:** |       |
| (When will the team meet again to review whether the interventions are working and whether the student is progressing toward objectives and, if needed, to modify/redesign the plan?) |

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| **Signatures:** (including parent or guardian and student, where appropriate) |

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| **Name** | **Role** | **Signature** |
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