



BEHAVIOR SUPPORT PLAN

Date _____
Student ID _____

Student Name: _____ DOB: _____ Grade: _____
Attending School: _____ Case Manager: _____

Target Problem Behavior:

Important to be as specific as possible. "Student hits other" is too vague. More descriptive explanation might be: "Student will hit peers. This usually occurs during transition times and to and from pulled activities. This is typically in response to place in the line or lack of cues."

Hypothesis Statement

A. Setting Event	B. Antecedent	C. Behavior	D. Functional Consequence
<p>Copy and paste details from the previous boxes on the FBA</p> <p>Example: "preferred food item not available for lunch/tired/not feeling well/ unstructured setting".</p>	<p>Copy and paste details from the previous boxes on the FBA</p> <p>Example: "Lining up in the cafeteria and go back to the classroom".</p>	<p>Copy and paste details from the previous boxes on the FBA</p> <p>Example: "Student will hit peers".</p>	<p>Copy and paste details from the previous boxes on the FBA</p> <p>Example: "Student gets individual adult attention".</p> <p>This is not a consequence/discipline that a student may receive.</p>

When _____	Adult Response:	Desired Replacement Behavior:

Methods of teaching the replacement behavior:

- | | | |
|---|---|---|
| <input type="checkbox"/> direct instruction | <input type="checkbox"/> social skills training | <input type="checkbox"/> anger management |
| <input type="checkbox"/> use of mentor(s) | <input type="checkbox"/> providing cues | <input type="checkbox"/> role playing |
| <input type="checkbox"/> modeling | <input type="checkbox"/> behavior contract | <input type="checkbox"/> stress management decision-making training |
| <input type="checkbox"/> other _____ | | |

Methods of measuring progress:

- | | | |
|---|--|---|
| <input type="checkbox"/> direct observation | <input type="checkbox"/> weekly behavior sheet | <input type="checkbox"/> self monitoring |
| <input type="checkbox"/> daily behavior sheet | <input type="checkbox"/> charting/graphing | <input type="checkbox"/> number of discipline referrals |
| <input type="checkbox"/> other _____ | | |

Positive consequences for displaying the replacement behavior:

- | | | |
|--|--|---|
| <input type="checkbox"/> verbal praise | <input type="checkbox"/> computer time | <input type="checkbox"/> immediate feedback |
| <input type="checkbox"/> positive phone call home | <input type="checkbox"/> free time | <input type="checkbox"/> earned privileges |
| <input type="checkbox"/> positive visit to administrator | | |
| <input type="checkbox"/> other _____ | | |

Negative consequences for displaying inappropriate behaviors:

- | | | |
|---|--|---|
| <input type="checkbox"/> phone call home | <input type="checkbox"/> level drop/loss of points | <input type="checkbox"/> send to office |
| <input type="checkbox"/> loss of privileges | <input type="checkbox"/> physical management | <input type="checkbox"/> timeout |
| <input type="checkbox"/> detention | <input type="checkbox"/> escort to another area | <input type="checkbox"/> in school suspension |
| <input type="checkbox"/> out of school suspension | | |
| <input type="checkbox"/> other _____ | | |

Accommodations to assist the student in displaying replacement behavior:

- | | | |
|--|---|---|
| <input type="checkbox"/> clear concise directions | <input type="checkbox"/> supervise free time | <input type="checkbox"/> provide alternate recess |
| <input type="checkbox"/> frequent reminders/prompts | <input type="checkbox"/> avoid strong criticism | <input type="checkbox"/> avoid physical contact |
| <input type="checkbox"/> frequent breaks/vary activities | <input type="checkbox"/> predictable routine/schedule | <input type="checkbox"/> provide cooling off period |
| <input type="checkbox"/> teacher/staff proximity | <input type="checkbox"/> specified study area | <input type="checkbox"/> provide highly structured setting |
| <input type="checkbox"/> reprimand student privately | <input type="checkbox"/> preferential seating | <input type="checkbox"/> communicate regularly with parents |
| <input type="checkbox"/> modify assignments | <input type="checkbox"/> avoid power struggles | <input type="checkbox"/> review rules and expectations |
| <input type="checkbox"/> specifically define limits | | |
| <input type="checkbox"/> other _____ | | |

Persons responsible for implementing the plan:

- | | | |
|---|---|--|
| <input type="checkbox"/> general education teacher(s) | <input type="checkbox"/> school administrator | <input type="checkbox"/> classroom assistant |
| <input type="checkbox"/> related service provider | <input type="checkbox"/> special education teacher(s) | <input type="checkbox"/> parent |
| <input type="checkbox"/> behavior intervention specialist | | |
| <input type="checkbox"/> other _____ | | |

Person involved in developing/approving plan:

Signature: _____	Title: _____	Date: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Review date: _____	<input type="checkbox"/> Outcome achieved	<input type="checkbox"/> Continue Interventions	<input type="checkbox"/> Discontinue Interventions
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