



## Behavior Support Plan

Student ID : \_\_\_\_\_

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Attending School: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Target Problem Behavior:

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### Hypothesis Statement

A. Setting Event	B. Antecedent	C. Behavior	D. Functional Consequence

When _____	Adult Response:	Desired Replacement Behavior:

Student ID : \_\_\_\_\_

Date \_\_\_\_\_

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