

Dothan City Schools Behavior Intervention Plan

Student Name _____ School Year _____ Plan Type _____
(RTI / 504 / IEP)

Problem Behaviors (inappropriate behaviors)	Replacement Behaviors (What is expected of the student?)
1.	1.
2.	2.
3.	3.

Methods of Teaching Replacement Behaviors

How will we teach the desired behavior?

Problem Behavior 1	Problem Behavior 2	Problem Behavior 3
<input type="checkbox"/> Direct Instruction <input type="checkbox"/> Anger Management <input type="checkbox"/> Role Playing/Modeling <input type="checkbox"/> Decision-Making Lesson <input type="checkbox"/> Social Skills Training <input type="checkbox"/> Use of a mentor <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Instruction <input type="checkbox"/> Anger Management <input type="checkbox"/> Role Playing/Modeling <input type="checkbox"/> Decision-Making Lesson <input type="checkbox"/> Social Skills Training <input type="checkbox"/> Use of a mentor <input type="checkbox"/> Other _____	<input type="checkbox"/> Direct Instruction <input type="checkbox"/> Anger Management <input type="checkbox"/> Role Playing/Modeling <input type="checkbox"/> Decision-Making Lesson <input type="checkbox"/> Social Skills Training <input type="checkbox"/> Use of a mentor <input type="checkbox"/> Other _____

Accommodations and Interventions

What help will we give the student to help him/her succeed?

Ensure the consistent implementation of these accommodations.

<input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent reminders/prompts <input type="checkbox"/> Frequent breaks/varied activities <input type="checkbox"/> Teacher/Staff proximity and <input type="checkbox"/> Private reprimand <input type="checkbox"/> Review rules and expectations <input type="checkbox"/> Provide a cooling-off period <input type="checkbox"/> Communicate regularly with parents <input type="checkbox"/> Avoid strong criticism <input type="checkbox"/> Preferential seating <input type="checkbox"/> Avoid power struggles <input type="checkbox"/> Provide a highly-structured setting and predictable, routine schedule <input type="checkbox"/> Other _____	<input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent reminders/prompts <input type="checkbox"/> Frequent breaks/varied activities <input type="checkbox"/> Teacher/Staff proximity and <input type="checkbox"/> Private reprimand <input type="checkbox"/> Review rules and expectations <input type="checkbox"/> Provide a cooling-off period <input type="checkbox"/> Communicate regularly with parents <input type="checkbox"/> Avoid strong criticism <input type="checkbox"/> Preferential seating <input type="checkbox"/> Avoid power struggles <input type="checkbox"/> Provide a highly-structured setting and predictable, routine schedule <input type="checkbox"/> Other _____	<input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent reminders/prompts <input type="checkbox"/> Frequent breaks/varied activities <input type="checkbox"/> Teacher/Staff proximity and <input type="checkbox"/> Private reprimand <input type="checkbox"/> Review rules and expectations <input type="checkbox"/> Provide a cooling-off period <input type="checkbox"/> Communicate regularly with parents <input type="checkbox"/> Avoid strong criticism <input type="checkbox"/> Preferential seating <input type="checkbox"/> Avoid power struggles <input type="checkbox"/> Provide a highly-structured setting and predictable, routine schedule <input type="checkbox"/> Other _____
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Method of Measuring Progress

How will we know if it is working or not?

<input type="checkbox"/> Behavior Chart <input type="checkbox"/> Weekly Report <input type="checkbox"/> Daily Report <input type="checkbox"/> Check-In/Out Notes <input type="checkbox"/> Anecdotal Record <input type="checkbox"/> Success Sheet <input type="checkbox"/> Intervention Success Log <input type="checkbox"/> Other _____	<input type="checkbox"/> Behavior Chart <input type="checkbox"/> Weekly Report <input type="checkbox"/> Daily Report <input type="checkbox"/> Check-In/Out Notes <input type="checkbox"/> Anecdotal Record <input type="checkbox"/> Success Sheet <input type="checkbox"/> Intervention Success Log <input type="checkbox"/> Other _____	<input type="checkbox"/> Behavior Chart <input type="checkbox"/> Weekly Report <input type="checkbox"/> Daily Report <input type="checkbox"/> Check-In/Out Notes <input type="checkbox"/> Anecdotal Record <input type="checkbox"/> Success Sheet <input type="checkbox"/> Intervention Success Log <input type="checkbox"/> Other _____
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Positive Consequences for Appropriate Behaviors What can the student earn?		
<input type="checkbox"/> Verbal Praise/Immediate Feedback <input type="checkbox"/> Computer Time <input type="checkbox"/> Earned Privileges <input type="checkbox"/> Earned Tokens/Points Toward Success Sheet <input type="checkbox"/> Positive Call/Note Home <input type="checkbox"/> Tangible Reward <input type="checkbox"/> Free Time <input type="checkbox"/> Positive Visit to the Principal <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbal Praise/Immediate Feedback <input type="checkbox"/> Computer Time <input type="checkbox"/> Earned Privileges <input type="checkbox"/> Earned Tokens/Points Toward Success Sheet <input type="checkbox"/> Positive Call/Note Home <input type="checkbox"/> Tangible Reward <input type="checkbox"/> Free Time <input type="checkbox"/> Positive Visit to the Principal <input type="checkbox"/> Other _____	<input type="checkbox"/> Verbal Praise/Immediate Feedback <input type="checkbox"/> Computer Time <input type="checkbox"/> Earned Privileges <input type="checkbox"/> Earned Tokens/Points Toward Success Sheet <input type="checkbox"/> Positive Call/Note Home <input type="checkbox"/> Tangible Reward <input type="checkbox"/> Free Time <input type="checkbox"/> Positive Visit to the Principal <input type="checkbox"/> Other _____
Consequences for Inappropriate Behavior: What happens if the student does not behave?		
<input type="checkbox"/> Escort to Another Area <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Work Detail <input type="checkbox"/> Time Out <input type="checkbox"/> Free Time <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Other _____	<input type="checkbox"/> Escort to Another Area <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Work Detail <input type="checkbox"/> Time Out <input type="checkbox"/> Free Time <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Other _____	<input type="checkbox"/> Escort to Another Area <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> Phone Call Home <input type="checkbox"/> Work Detail <input type="checkbox"/> Time Out <input type="checkbox"/> Free Time <input type="checkbox"/> Loss of Privilege <input type="checkbox"/> Other _____
Signatures of all Persons Responsible for the Development of the Behavior Intervention Plan		
Parent	LEA Representative	General Education Teacher
Student	Person Who Can Interpret Data	Other
ESS Teacher	Other	Other

I participated in the meeting but do not agree with the plan _____

