

Wakulla County Schools
Behavior Intervention Plan – Tier II
(to be completed after the FBA)

Student Information	Name: _____	DOB: _____	
	School: _____	Grade: _____	
FBA	Completed on: _____	<input type="checkbox"/> Simple <input type="checkbox"/> Full	Given by: _____
Problem Behavior: <i>(inappropriate behavior(s))</i>	_____		
Replacement Behavior: <i>What is expected of the student?</i>	_____		
Method of Teaching Replacement Behavior and by whom: <i>How will we teach the desired behavior and who will teach it?</i>	<input type="checkbox"/> Direct instruction, by: _____ <input type="checkbox"/> Modeling, by: _____ <input type="checkbox"/> Anger management, by: _____ <input type="checkbox"/> Stress management, by: _____ <input type="checkbox"/> Role playing, by: _____ <input type="checkbox"/> Use of mentor(s): _____ <input type="checkbox"/> Behavior contract, by: _____ <input type="checkbox"/> Decision-making lessons, by _____ <input type="checkbox"/> Social skills training, by _____ <input type="checkbox"/> Providing cues, by: _____ <input type="checkbox"/> Other: _____ by: _____		
Accommodations, Interventions and Who is Responsible for Them: <i>What help will we give the student to help him/her succeed?</i> <i>These accommodations and interventions must be followed consistently by teacher(s), paraprofessionals, and all school staff.</i>	Accommodations to assist the student in displaying the replacement behavior.		
	<input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Supervised and structured free time <input type="checkbox"/> Frequent prompts <input type="checkbox"/> Stress the positive, while teaching expected beh. <input type="checkbox"/> Varied activities/breaks <input type="checkbox"/> Predictable routine, schedule (review daily) <input type="checkbox"/> Teacher/staff proximity <input type="checkbox"/> Specifically defined limits (ex. 'You may answer me this way, but not this way.) <input type="checkbox"/> Private reprimand(s) <input type="checkbox"/> Avoid physical contact <input type="checkbox"/> Chunk assignments <input type="checkbox"/> Highly-structured setting <input type="checkbox"/> Review expectations daily or more often <input type="checkbox"/> Specified study area <input type="checkbox"/> Provide alternate recess <input type="checkbox"/> Avoid power struggles (we will talk later) <input type="checkbox"/> Provide cool-down space <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weekly (minimum) communication with parents		
	Interventions with Person(s) Responsible:		
	1. _____		
	2. _____		
Progress Monitoring: <i>How will we know if it is working?</i> <i>All PM must include charting and graphing.</i>	<input type="checkbox"/> Direct observation <input type="checkbox"/> Number of discipline referrals <input type="checkbox"/> Daily behavior sheet <input type="checkbox"/> Tally of behaviors throughout day <input type="checkbox"/> Weekly behavior sheet <input type="checkbox"/> Adherence to contract <input type="checkbox"/> Other: _____		
Time Span	Date Plan Begins: _____	Length of Time: <input type="checkbox"/> Two weeks <input type="checkbox"/> four weeks <input type="checkbox"/> other	
Positive Consequences for Appropriate Behavior	<input type="checkbox"/> Verbal, specific praise <input type="checkbox"/> Positive call/note home <input type="checkbox"/> Earned privilege – Describe: _____ <input type="checkbox"/> Earned tokens/support <input type="checkbox"/> Tangible rewards – describe: _____ <input type="checkbox"/> Free time/Choice <input type="checkbox"/> Computer time <input type="checkbox"/> Positive visit to office <input type="checkbox"/> Earn back points <input type="checkbox"/> Other: _____		
Negative Consequence for Targeted Behavior	<input type="checkbox"/> Loss of points/tokens <input type="checkbox"/> Phone call home <input type="checkbox"/> Office visit/referral <input type="checkbox"/> Required escort	<input type="checkbox"/> Loss of privileges <input type="checkbox"/> In school suspension <input type="checkbox"/> Time out <input type="checkbox"/> Lunch detention	<input type="checkbox"/> Isolation/time out <input type="checkbox"/> Loss of free time/play <input type="checkbox"/> Loss of choices <input type="checkbox"/> Other: _____