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| **Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP)**  **[school]**  **[address]** | |
| Student Name:  DOB:  Grade:  Student ID: | FBA/BIP Meeting Date: |

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| **School Psychologist Participation** |
| *Check this box indicating that the school psychologist was involved in the Behavior Intervention Plan process which could include assistance with the development of, and/or review of the existing plan.* |
| The School Psychologist was involved in the development of this FBA and BIP. |

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| **FUNCTIONAL BEHAVIOR ASSESSMENT - FBA** |
| 1. **PURPOSE OF THE FBA/BIP** |
| IEP Programming  Section 504 Access  Manifestation Determination  Other (describe) Click here to enter text. |
| 1. **SCHOOL RELATED FACTORS:** |
| **Source(s) of information:** *These should be located in the student’s special education record (Attached or on Eligibility)* |
| Attendance history  Developmental history  Educational record review *(Grades, Test Scores, Discipline, Interventions, etc.)*  Educator observation  Medical history  Parent report  Student Report  Other Click here to enter text. |
| **Nature of the non-school related factor:**  Changes in living situation  Dietary concerns/needs  Illness  Involved in serious trauma  Loss of a family member  Medication  Onset of puberty  Significant change in mental health status  Sleep issues  Witness to serious trauma  Other Click here to enter text. |
| *Details and comments about non-school related factors: (Please respect student’s right to privacy regarding trauma and other sensitive situations.)* |

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| 1. **SOURCES OF DATA AND DESCRIPTION OF BEHAVIOR(S) *(Check all that apply)*** |
| **Antecedent, Behavior, Consequence (ABC) Observation** |
| **Tracker Data and/or Classroom Data** |
| **Teacher Interview** |
| **Student Interview** |
| **Formal Assessments** |
| **Other Data Sources demonstrating functional behavioral assessment information**  *Possible sources of data to consider: Communication trial data, data from outside providers, and data from inpatient or day treatment providers.* |
| **Summary of the data source(s):** |
| **Most Impactful Behavior:**   1. **Target Behavior #1:** Choose an item.   **Details of Behavior:** Click or tap here to enter text.   1. **Target Antecedent (Event that occurred prior to the behavior):**   **WHEN is the behavior most likely to occur?:** Choose an item. Click or tap here to enter text.  **WHERE is the problem most likely to occur?:** Choose an item Click or tap here to enter text.  **During what SUBJECT/ACTIVITY is the behavior most likely to occur?** Choose an item. Click or tap here to enter text.  **The PEOPLE that are present when the behavior is most likely to occur include:** Choose an item. Click or tap here to enter text.  **Are there OTHER EVENTS/CONDITIONS that precede the behavior?:** Choose an item. Click or tap here to enter text.  **When DOES the behavior NOT occur?:** Click or tap here to enter text.   1. **Target Consequence (Events that typically follow the behavior):** Choose an item.   **Function of the Behavior:** Choose an item or enter an operational description.  **Description of consequence or function of the behavior:** Click or tap here to enter text.  ***Other Behaviors of Significance***   1. **Target Behavior #2:**   **Details of Behavior:** Click or tap here to enter text.   1. **Target Antecedent (Event that occurred prior to the behavior):**   **WHEN is the behavior most likely to occur?:** Choose an item. Click or tap here to enter text.  **WHERE is the problem most likely to occur?:** Choose an item Click or tap here to enter text.  **During what SUBJECT/ACTIVITY is the behavior most likely to occur?** Choose an item. Click or tap here to enter text.  **The PEOPLE that are present when the behavior is most likely to occur include:** Choose an item. Click or tap here to enter text.  **Are there OTHER EVENTS/CONDITIONS that precede the behavior?:** Choose an item. Click or tap here to enter text.  **When DOES the behavior NOT occur?:** Click or tap here to enter text.   1. **Target Consequence (Events that typically follow the behavior):** Choose an item.   **Function of the Behavior:** Choose an item or enter an operational description.  **Description of consequence or function of the behavior:** Click or tap here to enter text.     1. **Target Behavior #3:** Choose an item.   **Details of Behavior:** Click or tap here to enter text.   1. **Target Antecedent (Event that occurred prior to the behavior):**   **WHEN is the behavior most likely to occur?:** Choose an item. Click or tap here to enter text.  **WHERE is the problem most likely to occur?:** Choose an item Click or tap here to enter text.  **During what SUBJECT/ACTIVITY is the behavior most likely to occur?** Choose an item. Click or tap here to enter text.  **The PEOPLE that are present when the behavior is most likely to occur include:** Choose an item. Click or tap here to enter text.  **Are there OTHER EVENTS/CONDITIONS that precede the behavior?:** Choose an item. Click or tap here to enter text.  **When DOES the behavior NOT occur?:** Click or tap here to enter text.   1. **Target Consequence (Events that typically follow the behavior):** Choose an item.   **Function of the Behavior:** Choose an item or enter an operational description.  **Description of consequence or function of the behavior:** Click or tap here to enter text. |
| **Summary of Primary Target Behavior #1:** *(Write a summary of the target behavior, antecedent, and consequence based on assessment information and data reported above. This may be the present level of academic achievement and functional performance (PLAAFP), if appropriate.)* |
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| **Summary of Primary Target Behavior #2:** |
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| **Summary of Primary Target Behavior #3:** |
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| **BEHAVIOR INTERVENTION PLAN - BIP** |
| 1. **INCOMPATIBLE/REPLACEMENT BEHAVIOR & INTERVENTIONS** |
| **Primary target Incompatible/Replacement Behavior(s) to be targeted for instruction and progress monitoring:**  *Select the skills that will be the PRIMARY focus of instruction and those that will be monitored across the term of this intervention plan. \*Align the technique(s) with the Target behavior(s) identified above.*  *Please refer to the USBE Least Restrictive Behavior Interventions (LRBI) Technical Assistance (TA) Manual for guidance with research-based intervention procedures. (Special Education Rules, III.I.1.b(5)(a), pg. 61)* |
| **Replacement Behavior #1** |
| 1. **What will be taught?:** Choose an item. *This could be listed as service time on the IEP as behavior and/or social skills instruction.*   **What will the replacement behavior look like?:** Click here to enter text.  *For example, “Student will express frustrations appropriately by… 1.  Look., 2.  Use a signal., 3.  Wait., 4.  When called on talk in a quiet voice.” (This could be an IEP goal)*  **How will the replacement behavior be monitored?** Choose an item. |
| 1. **Proactive support intervention(s) based on the ANTECEDENT:** *What will be done before the behavior is likely to occur?*   **Antecedent Intervention for Targeted Behavior #1** *This could be listed as an accommodation on the IEP/504.*  Choose an item.  Notes Click here to enter text. |
| 1. **Reactive support intervention(s) based on the CONSEQUENCE:** *What will be done to INCREASE the replacement behavior, to reduce/eliminate the occurrence of the target behavior?*   **Consequence Intervention for Target Behavior #1:** Choose an item.*This could be listed as an accommodation on the IEP/504.*  Schedule of consequence: *(How often will the student receive the consequence?)*  Click here to enter text.  Tracking procedure: Choose an item. |
| 1. **Instructional Intervention(s):** *Based on the student’s needs, what will occur as an INSTRUCTIONAL strategy, to reduce or eliminate the occurrence of the target behavior?*   **Instructional Intervention for Target Behavior #1:** Choose an item.*This could be listed as an accommodation or service on the IEP/504.*  Schedule: Click here to enter text. |
| **Behavior Change Intervention notes and comments:** |
| **Replacement Behavior #2** |
| 1. **What will be taught?:** Choose an item.   **What will the replacement behavior look like?:** Click here to enter text.  **How will the replacement behavior be monitored?** Choose an item. |
| 1. **Proactive support intervention(s) based on the ANTECEDENT:**   **Antecedent Intervention for Targeted Behavior #1**  Choose an item.  Notes Click here to enter text. |
| 1. **Reactive support intervention(s) based on the CONSEQUENCE:**   **Consequence Intervention for Target Behavior #1:** Choose an item.  Schedule of consequence: Click here to enter text.  Tracking procedure: Choose an item. |
| 1. **Instructional Intervention(s):**   **Instructional Intervention for Target Behavior #1:** Choose an item.  Schedule: Click here to enter text. |
| **Behavior Change Intervention notes and comments:** |
| **Replacement Behavior #3** |
| 1. **What will be taught?:** Choose an item.   **What will the replacement behavior look like?:** Click here to enter text.  **How will the replacement behavior be monitored?** Choose an item. |
| 1. **Proactive support intervention(s) based on the ANTECEDENT:**   **Antecedent Intervention for Targeted Behavior #1**  Choose an item.  Notes Click here to enter text. |
| 1. **Reactive support intervention(s) based on the CONSEQUENCE:**   **Consequence Intervention for Target Behavior #1:** Choose an item.  Schedule of consequence: Click here to enter text.  Tracking procedure: Choose an item. |
| 1. **Instructional Intervention(s):**   **Instructional Intervention for Target Behavior #1:** Choose an item.  Schedule: Click here to enter text. |
| **Behavior Change Intervention notes and comments:** |

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| 1. **CRISIS PLAN** |
| *In the event of an escalated behavioral instance in our classroom, the staff will employ several de-escalation strategies as defined by the Davis School District student safety training. Proactive strategies are always the first response for student behavior prior to the use of physical involvement. Should physical intervention become necessary with a student due to safety concerns, only specifically trained staff will interact with the student. If the student is individually involved in the interaction, the school team will be notified by the end of the school day. The District Office is also notified within 24 hours of any use of physical intervention. Both the Davis School District and the Utah State Board of Education closely monitor the use of physical restraint.* |
| Applicable. The student’s behavior does warrant a crisis plan at this time. |
| Not applicable. The student’s behavior does not warrant a crisis plan at this time. In the event of a change, the team will reconvene and modify the FBA/BIP and associated IEP or 504 plan. |
| **Crisis plan notes:** |
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| **FBA/BIP Team Signatures** | |
|  | **Signature Date** |
| Guardian/Parent |  |
| Special Education Teacher |  |
| LEA Representative |  |
| School Psychologist |  |
| General Education Teacher |  |
| Other |  |
| Other |  |