

Date: \_\_\_\_\_

**POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

Teacher of Record: \_\_\_\_\_ School: \_\_\_\_\_

**Step 1: Description of Targeted Behavioral Concerns**

**Step 2: Functional Behavior Assessment Data**

Setting Events:

Antecedents:

Functions:

Other:

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**INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)  
POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP) cont.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

**Step 3: Replacement Behaviors and Services (Task Analysis)**

**Step 4: Proactive Strategies (Individualized Positive Behavior Change(s) and environment modifications)**

**INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)  
POSITIVE BEHAVIOR INTERVENTION SUPPORT PLAN (BIP) cont.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

**Step 6: Reactive Strategies (Include Crisis Management Strategies, if needed)**

**Step 7: Progress Monitoring Data Collected that Determines Effectiveness**

**Step 8: Intervention Outcome Process**