

# Behavioral Intervention Plan (BIP)



MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Office of Student and Family Support and Engagement  
Office of Special Education  
Rockville, Maryland 20850

**MCPS Form 336-65**  
**January 2018**  
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## PART I: STUDENT BACKGROUND INFORMATION

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ MCPS Student ID \_\_\_\_\_

School \_\_\_\_\_

Special Education  Yes  No  Referral initiated

Disability \_\_\_\_\_

Current placement  General Education  General Education Plus Resource Room  Self-contained Special Education Class  
 Special Education School  Residential Facility  Interim Instructional Services

Section 504 Plan  Yes  No Individualized Education Program (IEP)  Yes  No

**TO BE COMPLETED BY THE TEAM:** Using the Functional Behavioral Assessment (FBA), develop appropriate behavioral goals and interventions to prevent and respond to the problem behavior, and strategies to teach replacement or alternative behavior. This plan must address the function or purpose of the student's behavior and incorporate input from the student and parent(s)/guardian(s).

## PART II: SUMMARY STATEMENT(S) from MCPS Form 336-64, *Functional Behavioral Assessment (FBA) Summary Report*

**Behaviors identified must be observable and measurable.**

When (trigger conditions):

The student is likely to (Problem Behavior 1):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions):

The student is likely to (Problem Behavior 2):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

When (trigger conditions):

The student is likely to (Problem Behavior 3):

In order to (function):

This is more likely to occur when (influencing conditions or setting events):

## PART III: PREVENTION STRATEGIES

Based on the functions of behavior indicated in the FBA process, what are the strategies that can be put in place to support the student and meet these needs before the problem behavior occurs?

Check the functions (all that apply below) served by the problem behavior

Functions: Check all that apply	
Obtain/Gain	Avoid or Escape
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Adult Attention
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Peer Attention
<input type="checkbox"/> Access to/use an activity, object, event	<input type="checkbox"/> Participate in/using an activity, object, event
<input type="checkbox"/> Sensory input	<input type="checkbox"/> Sensory input

List the prevention strategies that match the function(s) and provide the student with choices, increased autonomy, and opportunities to have needs met.

List strategies by function:

**PART IV: TEACHING STRATEGIES**

Identify the methods for teaching the student alternative/replacement behavior to use instead of the problem behavior. These include prompts, supports, verbal and nonverbal instructions, and a schedule for using the alternative/replacement behavior, etc.

When (trigger conditions):

**The student will (Alternative/Replacement Behavior):**

In order to (function):

Criterion for success:

Teaching Strategies:

When (trigger conditions):

**The student will (Alternative/Replacement Behavior):**

In order to (function):

Criterion for success:

Teaching Strategies:

When (trigger conditions):

**The student will (Alternative/Replacement Behavior):**

In order to (function):

Criterion for success:

Teaching Strategies:

**PART V: RESPONSE STRATEGIES**

When the problem behavior occurs, what ways will staff members and students be expected to respond to minimize the reinforcing value of the behavior?

Response to Behavior 1:

Response to Behavior 2:

Response to Behavior 3:

**PART VI: DATA COLLECTION**

Identify HOW data will be collected. Complete a chart for each problem behavior, each replacement behavior, and each desired behavior to be addressed by this BIP.

Problem Behavior Defined		
Current Rate	4-6 Week Goal	Long-Term Goal
<input type="checkbox"/> Frequency data		
<input type="checkbox"/> Interval/class recording		
<input type="checkbox"/> Time sampling		
<input type="checkbox"/> Permanent products (e.g., behavioral chart, work sample)		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		
<b>By Whom</b>		
<b>When</b>		
<b>How Often</b>		

Replacement Behavior Defined		
Current Rate	4-6 Week Goal	Long-Term Goal
<input type="checkbox"/> Frequency data		
<input type="checkbox"/> Interval/class recording		
<input type="checkbox"/> Time sampling		
<input type="checkbox"/> Permanent products (e.g., behavioral chart, work sample)		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		
<b>By Whom</b>		
<b>When</b>		
<b>How Often</b>		

Desired Behavior Defined		
Current Rate	4-6 Week Goal	Long-Term Goal
<input type="checkbox"/> Frequency data		
<input type="checkbox"/> Interval/class recording		
<input type="checkbox"/> Time sampling		
<input type="checkbox"/> Permanent products (e.g., behavioral chart, work sample)		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		
<b>By Whom</b>		
<b>When</b>		
<b>How Often</b>		

**PART VII: IMPLEMENTATION AND EVALUATION**

A. What **Supports** do STAFF MEMBERS need in order to implement the BIP? (e.g., training, materials)

B. List names of **WHO is responsible** for:

Implementing the BIP	Monitoring progress	Developing progress reports
<input type="checkbox"/> General Education Classroom Teachers	<input type="checkbox"/> General Education Classroom Teachers	<input type="checkbox"/> General Education Classroom Teachers
<input type="checkbox"/> Special Educator	<input type="checkbox"/> Special Educator	<input type="checkbox"/> Special Educator
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> School Psychologist
<input type="checkbox"/> School Social Worker	<input type="checkbox"/> School Social Worker	<input type="checkbox"/> School Social Worker
<input type="checkbox"/> Other Related Service Provider	<input type="checkbox"/> Other Related Service Provider	<input type="checkbox"/> Other Related Service Provider
<input type="checkbox"/> School Administrator	<input type="checkbox"/> School Administrator	<input type="checkbox"/> School Administrator
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

C. How will the student's **parent(s)/guardian(s)** be involved?

D. Date for initial review and revision of the BIP:

E. Date for review and evaluation of the effectiveness of the BIP:

**TEAM members contributing to this BIP**

<input type="checkbox"/> Parent(s)/Guardian(s):
<input type="checkbox"/> General Education Classroom Teacher:
<input type="checkbox"/> Special Educator:
<input type="checkbox"/> School Psychologist:
<input type="checkbox"/> School Social Worker:
<input type="checkbox"/> Related Services Provider:
<input type="checkbox"/> Student:
<input type="checkbox"/> School Administrator:
<input type="checkbox"/> Other:
<input type="checkbox"/> Other:
<input type="checkbox"/> Other: