

BEHAVIOR PLAN

This Behavior Plan can be completed at any time for general education students. It is to be completed when a student has been removed from class two times for being disruptive (JK-R: Section 4). This plan must be completed/ revised when a student is receiving a suspension that will count toward being declared habitually disruptive. The causes for the student's disruptive behavior will be addressed in this plan with the purpose of enabling the student to successfully return to class. This plan will be jointly completed by the classroom teacher(s), **student, student's parent/guardian**, mental health staff, the building leader (designee), and any other faculty/staff interacting with the student.

Student: _____

Date: _____

Birthdate: _____

Participant (s): _____

Student ID: _____

Grade: _____

Identify three of the student's strengths or ways the student contributes in a positive way to the school day

1. _____
2. _____
3. _____

Description of the Behaviors Concern:	
<input type="checkbox"/> Difficulty sustaining attention	<input type="checkbox"/> Acts without thinking
<input type="checkbox"/> Does not follow through with coursework	<input type="checkbox"/> Difficulty remembering information
<input type="checkbox"/> Difficulty organizing/poor time management	<input type="checkbox"/> Often off-task
<input type="checkbox"/> Refuses non-preferred tasks	<input type="checkbox"/> Difficulty making/keeping friends
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Poor social skills with both adults and peers
<input type="checkbox"/> Often fidgets/taps/squirms	<input type="checkbox"/> Inconsistent response to token economy
<input type="checkbox"/> Leaves seat/elopes from class	<input type="checkbox"/> Seeks attention inappropriately from adults or peers
<input type="checkbox"/> Excessive talking	<input type="checkbox"/> Excessive tardiness
<input type="checkbox"/> Verbalizations inappropriate	<input type="checkbox"/> Bullying/harassment
<input type="checkbox"/> Verbal aggression	<input type="checkbox"/> Physical aggression/fighting
<input type="checkbox"/> Use of electronic devices at unauthorized times	<input type="checkbox"/> Theft from individual
<input type="checkbox"/> Destruction of school property, including graffiti	<input type="checkbox"/> Theft of school property
<input type="checkbox"/> Other school misbehavior not listed above _____	

How often does the behavior occur? _____

How long does the behavior last? _____

When/where does the behavior occur? _____

What risks to student/staff safety does the behavior pose? _____

What events may prompt the behavior?		
<input type="checkbox"/> Issues with peers	<input type="checkbox"/> Structured time	<input type="checkbox"/> Change in the environment
<input type="checkbox"/> Negative social interactions	<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Activity too long
<input type="checkbox"/> Socially isolated	<input type="checkbox"/> Reprimands/corrections	<input type="checkbox"/> Not able to get adult/peer attention
<input type="checkbox"/> Task too challenging	<input type="checkbox"/> Physical demands	<input type="checkbox"/> When something unexpected occurs
<input type="checkbox"/> Other: _____		

What is the hypothesized function or goal of the behavior?			
Things that are obtained		Things avoided or escaped	
<input type="checkbox"/> Adult attention	<input type="checkbox"/> Money/ tangibles	<input type="checkbox"/> Hard tasks	<input type="checkbox"/> Peer attention
<input type="checkbox"/> Peer attention	<input type="checkbox"/> Preferred activity	<input type="checkbox"/> Reprimands	<input type="checkbox"/> Physical effort
<input type="checkbox"/> Play/ entertainment	<input type="checkbox"/> Other _____	<input type="checkbox"/> Adult attention	<input type="checkbox"/> Other _____

Describe academic skill deficit(s) _____

Steps that have been taken, date, and effectiveness

Teacher conference w/ student

Date _____

Outcome _____

Teacher conference w/ parent/guardian

Date _____

Outcome _____

Teacher conference w/ student & parent/guardian

Date _____

Outcome _____

Supports the parent/guardian has offered to provide? _____

Intervention(s): When creating the intervention(s), please consider what the student will need to avoid becoming disruptive or experiencing failure. Use the predictors of the behavior and the hypotheses regarding the functions of the behavior when designing interventions.

Intervention 1:	
What strengths/skills does the student have to support this intervention?	
What skills does student need to be able to follow through with intervention?	
Who will be responsible to teach student those skills?	
What environmental modifications will need to occur to enable success?	
What are the incentives to help motivate the student?	
What are the criteria upon which success will be judged?	
Who will Case Manage this Behavior Plan? Includes communicating plan to building leaders, teachers, Campus Security (when appropriate), other faculty/staff as appropriate. Also includes monitoring progress, and communicating outcomes at regularly scheduled intervals.	
Designate intervals for monitoring progress.	
Designate the date for reviewing outcome	
What will the school consider if the behavior continues beyond the date for reviewing the outcome?	
What intervention or services will parents/guardians provide? (at their expense)	

Intervention 2:	
What strengths/skills does the student have to support this intervention?	
What skills does student need to be able to follow through with intervention?	
Who will be responsible to teach student those skills?	
What environmental modifications will need to occur to enable success?	
What are the incentives to help motivate the student?	

What are the criteria upon which success will be judged?	
Who will Case Manage this Behavior Plan? Includes communicating plan to building leaders, teachers, Campus Security (when appropriate), other faculty/staff as appropriate. Also includes monitoring progress, and communicating outcomes at regularly scheduled intervals.	
Designate intervals for monitoring progress.	
Designate the date for reviewing outcome	
What will the school consider if the behavior continues beyond the date for reviewing the outcome?	
What intervention or services will parents/guardians provide? (at their expense)	

Signatures: Role: Date:

1. _____

2. _____

Signatures: Role: Date:

3. _____

4. _____