

Student Name: _____

Staffing Date: _____

LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

**IEP
Behavioral Intervention Plan**

Complete when the team has determined a Behavioral Intervention Plan is needed.

STUDENT	GRADE	BIRTHDATE
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SUMMARY OF FUNCTIONAL BEHAVIORAL ANALYSIS (may attach complete form)

TARGET BEHAVIOR

STUDENT STRENGTHS

ANTICIPATED BEHAVIOR CHANGE

Student Name: _____

Staffing Date: _____

DESCRIBE INTERVENTIONS TO DEVELOP OR STRENGTHEN ALTERNATIVE, MORE APPROPRIATE BEHAVIOR.

Non-restrictive

Restrictive (if needed)

IDENTIFY PERSONNEL INVOLVED IN THE INTERVENTIONS AND THEIR RESPECTIVE ROLES.

PERSONNEL

ROLES

LIST THE SCHEDULE FOR REVIEW OF PROGRESS AND METHODS OF EVALUATION.

LIST THE METHOD AND FREQUENCY OF PARENT COMMUNICATION.