

WARREN COUNTY SCHOOLS
Behavior Intervention Plan

Student Name: _____ Date: _____

Teacher Name: _____ School: _____

A. Replacement Behavior. (Restate Behavioral Goal)

B. Proactive Measures related to the Desired Behavior

1. Strategies to teach the desired behavior:

2. Reinforcement for compliance:

C. Reactive Measures

Steps/Consequences for non-compliance:

D. Implementation (include methods of evaluation and people responsible for implementation)

Responsibilities of Student:	Responsibilities of Parent/Guardian

Responsibilities of Teacher(s):	Responsibilities of School Staff:
Documentation of Progress (address frequency, intensity, and duration)	

E. **Evaluation:** This plan will be evaluated for effectiveness in a meeting on _____

F. **Commitment to the Plan:** We understand the plan and agree to follow its guidelines.

Signatures	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Team will meet on or before _____ to review this plan.

Signatures for 2nd Meeting

Signatures

Position

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Copy to Principal, Parent, Teachers, and EC Record.