



Lord Selkirk School Division Behaviour Intervention Plan

Name:
 Birth
 date
 MET
 Current Date: _____

Demographics

School: _____ School Year: _____
 Grade/Homeroom: _____ Age: _____
 YYYY/MM/DD Teacher: _____ Case Manager: _____
 BIP Dates: _____
 BIP Date: _____ Review Date: _____ Review Date: _____ Review Date: _____

Parent/Legal Guardian:	Parent/Legal
Guardian: Address:	Address:
Home Phone:	Home
Phone: Cell:	Cell:
E-Mail:	E-Mail:

In School Team

Name	Role	Name	Role

School Support Services

Name	Role	Telephone #	Service Date of Service

External/Community Supports

Name	Role	Telephone #	Service Date of Service

Medical Information

Individual Health Care Plan Yes No
 (Include type and dosage of any medication)

Attachments: Yes No
 Describe:

PLAN

1. Identify student's strengths/preferences:

<ul style="list-style-type: none"> • • • •
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2. Identify student's Basic Need(s):

- Belonging
- Power
- Fun
- Freedom

Primary Need met by behaviour:

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3. Description of Student (relevant background information, diagnoses, etc.):

Funding Status: <input type="checkbox"/> Not Funded: <input type="checkbox"/> Funded: Cat: Select Level: Select

4. Statement of Hypothesis:

When [antecedent]	Student	[inappropriate behaviour(s)]	for the purpose of (Need met)	This is more likely if [setting events(s)]
<i>Example:</i> When [antecedent] the teacher is helping others, peers are working on their own, or during seat work	Brian	[inappropriate behaviour(s)] shouts at the teacher or EA and touches peers' books and papers as they are working	for the purpose of <u>getting attention</u> from the teacher, EA, or peers.	This is more likely if [setting events(s)] he is hungry.

5. Preventive Practices: (Practices should address Primary Need)

Short-Term:

-
-

Long-Term:

-
-
-

...this is a continuing plan. Evaluate on YYYY/MM/DD

6. Replacement Behaviour(s):

(observable and measureable)

- TEACH
- TEACH

7. Reinforcement(s) for the Replacement Behaviour:

(to increase the probability of its happening)

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8. Support Provided for the Inappropriate Behaviour:

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Additional Information:

Parent/Legal Guardian	Date	Student (if applicable)	Date
Principal	Date	Case Manager	Date
Teacher(s)	Date	Teacher(s)	Date