

Behavior Support Plan

Developed from a Functional Behavioral Assessment

Student: _____ Grade: _____ Date: _____
 School: _____ Case Manager: _____

		Desired Behavior	Maintaining Consequence
Setting Event	Antecedent	Problem Behavior	Maintaining Consequence
		Alternative Behavior	

Setting Event Strategies	Predictor Strategies Manipulate antecedent to prevent & prompt alternate/desired behavior	Teaching Strategies Explicitly teach alternate & desired behaviors	Consequence Strategies Alter consequences to reinforce alternate & desired behavior

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Behavior Support Implementation Plan

Review Date: _____

Tasks	Person Responsible	By When	Was task completed consistently?	Evaluation Decision: Monitor, modify, or discontinue?
Prevention: Make problem behavior irrelevant (antecedent intervention)				
Teaching: teach new skill/alternate behavior				
Extinction: Make problem behavior ineffective (minimize reward/payoff for problem behavior)				

Reinforcement: Make alternate & desired behavior more rewarding than problem behavior.				
Responding to Problem Behavior: prompt alternate behavior & consequences				
Safety: Is safety a concern? Y N If yes, attach crisis plan to Behavior Support Plan.				

Evaluate Plan

Behavioral Goal: Use specific, observable, measurable descriptions of goal

What is the short-term behavioral goal? <div style="text-align: right;">_____ Date</div>
What is the long-term behavioral goal? <div style="text-align: right;">_____ Date</div>

Evaluation Procedures

Data to be Collected	Procedures for Data Collection	Person Responsible	Timeline
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Is Plan Being Implemented?			
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Data Collection Method

The reduction in _____ behavior and the increase in _____ is a socially significant behavior that must be carefully monitored by the collection of data in a reliable and systematic manner. Individual incident logs that will inform date/time, context, task demand or request, type of disruption, and the events that immediately follow the behavior will monitor _____ behavior and skill acquisition.

Plan Date for Review (suggested 2 weeks) _____

_____ Parent/Guardian	_____ Student
_____ Special Education Teacher	_____ Teacher
_____ Administrator	_____ Team Member_

*****Attach a copy of Behavior Support Plan to IEP*****