**Behavioral Intervention Plan (BIP) And Student Contract**

***[Elementary School]***

**Student Name: Grade: DOB: / /**

**TARGET BEHAVIOR:**

Please list student’s name and behavioral problem(s).

**BEHAVIORAL OBJECTIVE:**

List student behavioral plan and goals to be implemented once contract is signed.

Example: “During instructional situations, passing times, unstructured time or any time a non-preferred task, and when presented with uncomfortable situations, [Student Name**]** will keep his/her hands, feet, and other body parts to himself/herself, speak to other in an appropriate tone and with appropriate language, and/or complete assigned task or activity.”

**PROPOSED INTERVENTIONS:**

**Social Skills/Life Skills Instruction-**

Example: [Student name] works with [insert name of health institution/counselor/theraptist/etc.].

During that time [Student Name] receives direct instruction regarding:

1. Using self-control
2. Keeping hands, feet and objects to self
3. Remaining in assigned areas
4. Following directions in a timely manner
5. Completing tasks in a timely manner
6. Problem Solving

**\*(Instructions can and should be changed and tailored according to each student)**

[Student Name] and [Mother/Father] will attend a standing weekly appointment with [Institution/Counselor/Therapist] on [List Day(s) meeting with professional]. Following that appointment, if [Student Name] has had a great week, his [Mother/Father] can stay and have lunch and/or spend other quality time.

**Opportunities for Practice-**

Example: [Student Name] will be placed in the Least Restrictive Environment with a typical schedule. [Student Name] will be monitored and prompted to use appropriate social skills by faculty and staff and reinforced using a structured reinforcement schedule (See Structured Reinforcement) for interacting appropriately with other; keeping hands, feet, and objects to self; following classroom rules; complete ting working in a timely manner; and remaining in his/her assigned area.

**STRUCTURED REINFORCEMENT:**

Example: When [Student Name] speaks to others in an appropriate tone and with appropriate language; keeps hands, feet, and other objects to himself/herself; and/or completes assigned tasks or activity he/she will be reinforced according to the following cycle:

1. Verbal Praise (to be used most frequently)
2. Free Time (as appropriate)
3. Time in office with [Name of teacher/Principal or Office Worker]
4. Participate in class reward activities

**PLAN MONITORING:**

[Name of Teacher], classroom teacher, and other faculty or staff as assigned.

**PRELIMINARY STRATEGIES:**

**Increased Rates of Positive Responses-**

Faculty and/or Staff will reinforce appropriate as per the structured reinforcement schedule.

**Structured/Visual Daily Schedule-**

A daily schedule has been posted in the classroom to help [Student Name]. This schedule will help [Student Name] know what is coming next, and where he/she needs to be.

**1 Minute Conferences-**

Conferences consist of two different types, each of which will be used with [Student Name] as appropriate:

1. *Rule Reminder* (Before entering classroom/cafeteria/etc. If he/she has experienced difficulty in the past) – Faculty/staff will ask [Student Name], “What are the ruleg in the \_\_\_\_?” When necessary faculty/staff will remind [Student Name] of rules of appropriate behavior before entering classroom/cafeteria/etc.
2. *Feedback* (After a pre-planned consequence) - Faculty/Staff will ask, “Tell me why you were asked to…[Pre-planned consequence]?” [Student Name] will give explanation. Faculty/Staff will confirm explanation or clarify and return [Student Name] to instruction/activity.

**CONSEQUENCES**:

Level I: “You need to…” request-

Level II: “Lose points on tracker-

Level III: Dropped a level-

Level IV: Removed from class or activity-

**INFORMED CONSENT:**

I have read this Behavior Intervention Plan (BIP) and Student Contract. I give expressed and informed consent for the specified procedures to be implemented with [Student Name]

***Severe Clause:***

1. ***If [Student Name] makes physical contact and or assaults another individual, law enforcement will be called and charges will be filed.- Matter will be referred to Mental Health Court.***
2. ***If [Student Name] leaves school grounds, law enforcement will be contacted.***

**TEAM PARTICIPANTS:**

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Parent/Guardian Date

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Student Date

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LEA Representative Date