Ionia County Intermediate School District
Functional Behavior Assessment and Positive Behavior Support Plan

Student:_____

Team Members: _____

Date: _____

Step 1: Identify Challenging Behavior

Challenging Behavior (identify one behavior to target):

Interventions Tried: _____ **Results:** _____

Step 2: Collect Data

What additional data is needed?

How will it be collected?

Team reconvene meeting set for: _____

Who?	Will do what?	By When?

Step 3: Review Data and Function of Behavior

To What Extent is the Behavior Occurring (frequency, duration, intensity, etc.):

Slow Triggers (Setting Events - What settings/conditions may lead to the challenging behavior? For example: music class, partner work, medication given inconsistently, family moving, smell of candle in classroom, etc.):

Fast Triggers (Antecedents - What happens immediately before the challenging behavior? For example: teacher asks student to sharpen pencil, fire alarm, unplanned schedule change, teacher gives direction to turn page in book, etc.):

What happens after the Challenging Behavior? (Staff or peer response. For example: clothespin moves on behavior chart, student misses time during choice activity, peers choose to disengage from student, etc.):

Function of Challenging Behavior (Why is the student engaging in the behavior? What is reinforcing the student to continue the behavior?):

Summary Statement/Hypothesis about the Challenging Behavior:
{When __*(fast trigger)*__ occurs, he/she is likely to __*(challenging behavior)*__ in order to __*(function of behavior)*__. This is most likely to occur if __*(slow trigger)*__.}

Step 4: Design Positive Behavior Support Plan

Short Term Behavior Goal (Replace challenging behavior with acceptable behavior that meets the same function):	**Long Term Behavior Goal** (What is the desired behavior?):
1. PREVENT (How will staff adapt the underlined environment to reduce or eliminate the fast and slow triggers? May be permanent or temporary. Examples include: accommodations and modifications to work, communication with medical personal, visual structures within tasks, sensory diet, etc.):	**2. TEACH (**What new underlined skills will be taught to replace the challenging behavior? Examples include: role-play, Social Stories, Video Modeling, etc.):

3. RESPOND (How will staff underlined respond effectively in order to support positive behavior and reduce the intensity and frequency of the challenging behavior? Examples include: positive reward systems, cues to use replacement skill, negative consequences, etc.):

Step 5: Implement, Evaluate, and Monitor Plan

Crisis Intervention Plan (to be completed if applicable):

When will back up be called in? _____

Who will provide backup? _____

How will they be contacted? _____

Check if applicable:
☐ Staff certified by the Crisis Prevention Institute may engage in personal safety techniques and/or restraint when the student's behavior is an imminent risk to the safety of him/herself or others. These techniques will only be used as a last resort.

Data Collection (How will data be collected on the intervention plan? What type of data? Who will be responsible for data collection? When and how frequently will the team reconvene to review data?):

Team reconvene meeting set for: _____

☐ I understand and agree with the contents of this plan.

_____ _____
Parent/Guardian Signature   Date

_____ _____
Administrator Signature   Date

Distribute Copies to (check all that apply):
☐ Parent/Guardian
☐ Special Ed Office
☐ General Educator(s):_____

☐ Special Educator(s): _____

☐ Administrator: _____
☐ Social Worker
☐ Psychologist
☐ Speech and Language Pathologist
☐ Special Ed Office

☐ OT
☐ PT
☐ Specials Teachers
☐ Behavior Specialist
☐ Teacher Consultant (POHI, VI, ASD, HI)

☐ other: _____

☐ other: _____

☐ other: _____