

NOTIFICATION OF BEHAVIOR PLAN

Student Name _____

Teacher(s) or Implementers _____

Class/Subject/Service Location or Area _____

Date the attached Behavior Plan was developed _____

This student's Behavior Plan is a component of:

An IEP A 504 Plan

A school's team pre-referral intervention plan

A Tier III intervention

Other _____

Date of the above plan: _____

If for any reason this Behavior Plan cannot be fully implemented, or proves unsuccessful, please immediately contact the case manager _____ available (time/dates) _____ phone/location _____ for assistance on next steps.

DO NOT DISCONTINUE PROVIDING THE FULL SPECIFIED PLAN COMPONENTS OR INTERVENTIONS WITHOUT SPECIFIC TEAM AUTHORIZATION. (An IEP or 504 plan is a legally binding document. The attached BIP is to address necessary behavioral strategies and supports.)

Staff distributing this Behavior Intervention Plan: _____

This document is necessary to complete the behavior intervention planning process.

Please sign and return the portion below to: _____ Deadline: _____

X

tear off

I understand that _____ has a behavior intervention plan. I have received a copy, and explanation of content. I understand that I am required to refer to and follow this plan. _____ has met with me and reviewed **my specific role** in following the student's behavior plan. I understand that further support and assistance on how to implement and follow this student's behavior plan is available to me to assure I am implementing the full plan in my setting as specified. I understand that a new behavior plan team meeting with my participation can/will occur at any point necessary to help assure the student's behavioral success if for any reason the currently specified behavior plan proves unsuccessful. I will contact _____ as needed at the following email address _____. **My signature below indicates I have carefully read this page and am fully aware of all of the above provisions.**

Signature: _____

Title: _____

Date: _____