

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*  
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 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: \_\_\_\_\_