**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: __________________________

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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.

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**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: ____________

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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: __________________________