

Beaufort County Schools
Step 4A: Behavioral Intervention Plan

Student: _____

Teacher (s): _____

DOB: _____

School/Grade: _____

Meeting Date: _____ BIP Implementation From: _____ to _____

Next scheduled meeting to review/revise plan: _____

Identified Target Behavior (s)	Replacement/Desired Behavior	How with the replacement/desired behavior be taught?	Who will teach the replacement/desired behavior?

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When will the plan be implemented? (hourly, class, daily, weekly)	What reinforcers will be provided when the desired behavior is demonstrated?	What consequences will be implemented when the desired behavior is <u>not</u> demonstrated?	How will the replacement/desired behavior data be collected?

Additional Notes/Comments: _____

Meeting Participants/Signatures:

_____	_____
_____	_____
_____	_____