

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Student Profile Worksheet

<u>Setting Events</u>	<u>Antecedents/Triggers</u>	<u>Problem Behavior</u>	<u>Function</u>
<b>What events, places, or activities tend to be associated with the problem behavior?</b> (Slow Trigger)	<b>What appears to set off or precede the problem behavior? (0-3 seconds before behavior occurs)</b>	<b>What are the problem behaviors?</b>	<b>What "payoff" does the student obtain from the problem behavior?</b>
<input type="checkbox"/> Lack of sleep <input type="checkbox"/> Illness <input type="checkbox"/> Physical pain <input type="checkbox"/> Hunger <input type="checkbox"/> Trouble at home <input type="checkbox"/> Multiple transitions <input type="checkbox"/> Fight/Conflict with peers <input type="checkbox"/> Noise/Distractions <input type="checkbox"/> Emotional state (please specify: anxiety, depression, sadness, boredom, loneliness) <input type="checkbox"/> Family issues <input type="checkbox"/> Gender identification <input type="checkbox"/> Living situation <input type="checkbox"/> Medication issues <input type="checkbox"/> DSM Diagnosis (Mental health diagnosis) <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other: _____	<b>WHEN is the problem behavior most likely to occur?</b> <input type="checkbox"/> Morning – approximate time(s) _____ <input type="checkbox"/> Afternoon – approximate time(s) _____ <input type="checkbox"/> Before/After school <input type="checkbox"/> Lunch/Recess <input type="checkbox"/> Time of day does not seem to affect this behavior <b>WHERE is the problem behavior most likely to occur?</b> <input type="checkbox"/> Gen Ed classroom <input type="checkbox"/> ESE classroom <input type="checkbox"/> Hallways <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other: _____ <b>During what SUBJECT/ACTIVITY is the problem behavior most likely to occur?</b> Subject(s) _____ <input type="checkbox"/> Unstructured activities <input type="checkbox"/> Individual/Independent activities <input type="checkbox"/> Group activities <input type="checkbox"/> With a partner <input type="checkbox"/> Seatwork <input type="checkbox"/> Lesson presentation <input type="checkbox"/> Task explanation <input type="checkbox"/> Pencil/paper <input type="checkbox"/> Require physical activity <input type="checkbox"/> Transition <input type="checkbox"/> Other: _____ <b>The PEOPLE that are present when the problem behavior is most likely to occur include:</b> <input type="checkbox"/> Teacher /Staff <input type="checkbox"/> Classmates/other peers <b>Are there OTHER EVENTS or CONDITIONS that immediately precede the problem behavior?</b> <input type="checkbox"/> A demand, request or directive <input type="checkbox"/> Redirection <input type="checkbox"/> Unexpected changes in schedule or routine/Interruption <input type="checkbox"/> Consequences imposed for behavior <input type="checkbox"/> Teacher/Adult denies request <input type="checkbox"/> Provocation from other students <input type="checkbox"/> Peer encouragement of negative behaviors <input type="checkbox"/> Unwanted attention <input type="checkbox"/> Other: _____	<input type="checkbox"/> Talks out of turn/calls out <input type="checkbox"/> Noncompliant <input type="checkbox"/> Does not complete work <input type="checkbox"/> Disorganized <input type="checkbox"/> Unable to work independently <input type="checkbox"/> Unmotivated <input type="checkbox"/> Impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Depressed <input type="checkbox"/> Unfocused <input type="checkbox"/> Poor coping skills <input type="checkbox"/> Off-task (daydreaming, inattentive) <input type="checkbox"/> Off-task (disruptive) <input type="checkbox"/> Verbally aggressive to adults <input type="checkbox"/> Verbally aggressive to peers <input type="checkbox"/> Disrespecting adults <input type="checkbox"/> Abusive/Inappropriate language <input type="checkbox"/> Provokes other students <input type="checkbox"/> Defiant to adults <input type="checkbox"/> Out of seat/area <input type="checkbox"/> Tardy <input type="checkbox"/> Truant <input type="checkbox"/> Physically aggressive to adults <input type="checkbox"/> Physically aggressive to peers <input type="checkbox"/> Self-injurious behaviors <input type="checkbox"/> Self-stimulating behaviors <input type="checkbox"/> Harassment/Teasing <input type="checkbox"/> Threat/Intimidation/Bullying <input type="checkbox"/> Property damage <input type="checkbox"/> Lying/Cheating/Forgery <input type="checkbox"/> Theft <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sexual offense <input type="checkbox"/> Use/Possession of tobacco <input type="checkbox"/> Use/Possession of alcohol <input type="checkbox"/> Use/Possession of drugs <input type="checkbox"/> Use/Possession of weapons <input type="checkbox"/> Use/Possession of combustible substance <input type="checkbox"/> Bomb threat/False alarm <input type="checkbox"/> Arson <input type="checkbox"/> Other: _____	<b>The student GAINS:</b> <input type="checkbox"/> Teacher/adult attention <input type="checkbox"/> Peer attention <input type="checkbox"/> Tangible <input type="checkbox"/> Access to task <input type="checkbox"/> Access to other <input type="checkbox"/> Sensory feedback <input type="checkbox"/> Tactile (rubbing, scratching) <input type="checkbox"/> Auditory (humming, singing) <input type="checkbox"/> Movement (tapping, fidgeting) <input type="checkbox"/> Other: _____ <b>The student AVOIDS or ESCAPES</b> <input type="checkbox"/> Teacher demands <input type="checkbox"/> Teacher reprimands <input type="checkbox"/> Teacher correction <input type="checkbox"/> Peer/social contact <input type="checkbox"/> Non-preferred activities, task or setting <input type="checkbox"/> A difficult task <input type="checkbox"/> Frustrating situation <input type="checkbox"/> Adults (attention) <input type="checkbox"/> Peers (attention) <input type="checkbox"/> Anxiety (thoughts/feelings) <input type="checkbox"/> Depression (thoughts/feelings) <input type="checkbox"/> Embarrassment (thoughts/feelings) <input type="checkbox"/> Humiliation (thoughts/feelings) <input type="checkbox"/> Loneliness (thoughts/feelings) <input type="checkbox"/> Anger (thoughts/feelings) <input type="checkbox"/> Sadness (thoughts/feelings) <input type="checkbox"/> Confusion (thoughts/feelings) <input type="checkbox"/> Boredom (thoughts/feelings) <input type="checkbox"/> Temperature (sensations ... too hot or cold) <input type="checkbox"/> Noise (sensations ... too quiet or loud) <input type="checkbox"/> Crowded spaces (sensations ... too empty or full) <input type="checkbox"/> Lighting (sensations ... too dim or bright) <input type="checkbox"/> Movement (sensations ... too still or busy) <input type="checkbox"/> Other: _____
<b>Past experiences which may affect behavior(s)</b> <input type="checkbox"/> Failure <input type="checkbox"/> Rejection <input type="checkbox"/> Injury <input type="checkbox"/> Fear <input type="checkbox"/> Trauma <input type="checkbox"/> Other: _____			
<b>Other issues before or outside of school</b> <input type="checkbox"/> _____ _____			

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## **Social/Emotional-Behavior Intervention Plan (SE-BIP)**

### **Problem Behavior and Replacement Statements**

**Problem Behavior Statement:** Considering all the FBA data collected, and the Student Profile Worksheet analysis, identify **ONE BEHAVIOR or SOCIAL/EMOTIONAL CONCERN** to be targeted for intervention.

#### **Problem Behavior: What is the student doing?**

Problem behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

#### **Replacement Behavior: What we want the student to do...**

Replacement behavior is clearly defined such that it is measurable, can be identified by two or more observers, and can be identified across time and in different settings or contexts.

**The Function of the Problem Behavior has been determined to be: Check one**

- ☐ To Get
- ☐ To Avoid/Escape

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## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Proactive Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior.

***Q** What environmental adjustments and/or teacher behaviors will be attempted to make the problem behavior less likely to occur?*

- ☐ **P-1** Preferential seating
- ☐ **P-2** Encourage positive peer connections
- ☐ **P-3** Contract for grades
- ☐ **P-4** Daily/Weekly progress report
- ☐ **P-5** Establish teacher/parent communication system
- ☐ **P-6** Frequent monitoring and redirection by teacher
- ☐ **P-7** Establish a personal connection with student
- ☐ **P-8** Choice making
- ☐ **P-9** Curricular adjustments
- ☐ **P-10** Encourage participation in extracurricular activities
- ☐ **P-11** Provide guidance prior to independent work
- ☐ **P-12** Follow-up to ensure student understanding of task/request
- ☐ **P-13** Schedule adjustment (e.g. classes, transition times)
- ☐ **P-14** Give student an opportunity to mentor/tutor a peer
- ☐ **P-15** Increase frequency of task related recognition
- ☐ **P-16** Allow student to use quiet time/space
- ☐ **P-17** Identify appropriate settings for behavior(s)
- ☐ **P-18** Visual schedule
- ☐ **P-19** Environmental changes (lighting, furniture, sound sources)
- ☐ **P-20** Provide access to student support personnel (e.g. SSW, TRUST)
- ☐ **P-21** Other:

**Consider adjustments to when and where the problem behavior is likely to occur; in addition, consider adjustments to subject/activity or the people present when the problem behavior is most likely to occur.**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Educative Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior and/or social/emotional concern.

***Q** What new behaviors/strategies will be taught to replace the problematic behavior and/or social/emotional concern?*

- ☐ **E-1** Teach rules/expectations prior to activity
- ☐ **E-2** Have student repeat rules/expectations prior to transitions
- ☐ **E-3** Develop monitoring checklist for teacher/student use
- ☐ **E-4** Teach and model appropriate communication skills
- ☐ **E-5** Provide opportunities to practice communication and social skills
- ☐ **E-6** Teach coping skills (asking for time out, relaxation when frustrated)
- ☐ **E-7** Teach positive self-talk
- ☐ **E-8** Remediation in specific academic areas
- ☐ **E-9** Perform Task Analysis: break down and concretize steps for success
- ☐ **E-10** Use student's personal interests to increase motivation  
(e.g., If a student likes fishing, reading tasks can be related)
- ☐ **E-11** Teach alternative behaviors for sensory feedback
- ☐ **E-12** Teach anger management/problem-solving skills
- ☐ **E-13** Teach behavioral self-control
- ☐ **E-14** Social stories/comic book conversations
- ☐ **E-15** Teach breathing techniques
- ☐ **E-16** Other:

**What skills will the student need to be taught in order to successfully demonstrate the replacement behavior? When? Who will teach? How will skills be taught/monitored across settings?**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Functional Interventions

**Directions:** Check **one or two** appropriate intervention(s). Ensure that the chosen intervention(s) match the function of the problem behavior

***Q*** *How will consequences be managed to ensure the student receives reinforcement for the replacement behavior?*

- ☐ **F-1** Use preferred activities as reinforcer
- ☐ **F-2** Personally greet the student upon arrival to class
- ☐ **F-3** Spend individual time with the student
- ☐ **F-4** Increase frequency of positive reinforcement
- ☐ **F-5** Use tangible and/or non-tangible rewards
- ☐ **F-6** Develop a written behavior contract
- ☐ **F-7** Assign classroom responsibility that allows student recognition
- ☐ **F-8** Chart daily successes and review often with student
- ☐ **F-9** Recognize small steps approximating the desired behavior
- ☐ **F-10** Ignore undesirable behaviors
- ☐ **F-11** Reward competing behaviors
- ☐ **F-12** Student self-monitoring of progress
- ☐ **F-13** Acknowledge use of replacement behaviors
- ☐ **F-14** Establish logical sequences and inform students in advance
- ☐ **F-15** Give encouragement for effort to display appropriate behavior
- ☐ **F-16** Use of positive referrals
- ☐ **F-17** Use classroom reinforcers for individual student accomplishments
- ☐ **F-18** Call home to share news of student effort/success
- ☐ **F-19** Use school-wide vehicles for recognition
- ☐ **F-20** Other:

**What will be done to *increase* the occurrence of the replacement behavior?**

**Describe interventions in detail:**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### **Social/Emotional-Behavior Intervention Plan (SE-BIP)**

### **Crisis Management Plan (CMP)**

**Directions: Please check ONE option and describe in detail.**

- ☐ Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required.

- ☐ Please provide a detailed description of your crisis management procedures when the need for de-escalating student behavior is required for behaviors that may lead to **the use of Physical Restraint Procedures. Physical Restraint Procedures may be used if student presents a danger to self and/or others. This option should only be considered for students receiving special education services.**

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## Social/Emotional-Behavior Intervention Plan (SE-BIP)

### Training, Implementation and Monitoring

#### Training:

Are trainings/resources needed to implement the SE-BIP? ☐ Yes ☐ No

If yes, who will be responsible for providing the training(s)/resource(s) to implement the SE-BIP? \_\_\_\_\_

#### Monitoring:

What method of data collection will be used to track progress?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Frequency         | <input type="checkbox"/> Duration              | <input type="checkbox"/> Latency                        |
| <input type="checkbox"/> Student Interview | <input type="checkbox"/> Behavior Rating Scale | <input type="checkbox"/> Problem Behavior Questionnaire |

☐ Other: \_\_\_\_\_

Person(s) responsible for monitoring implementation of the SE-BIP? \_\_\_\_\_

Person(s) responsible for collecting data? \_\_\_\_\_

SE-BIP Initiation Date: \_\_\_\_\_

#### Signature and Title of Persons Attending Meeting

_____	_____
_____	_____
_____	_____
_____	_____

## Progress Monitoring Graph

**Student Name:**\_\_\_\_\_ **ID#:**\_\_\_\_\_ **DOB:**\_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Behavior being measured:**

[illegible]



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School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Social/Emotional-Behavior Intervention Plan (SE-BIP)**

**Progress Monitoring Plan (Evidence of data to support actions taken must be filed in FBA folder)**

First Quarter	Second Quarter
<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>   <input type="checkbox"/> Continue   <input type="checkbox"/> Modify   <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>	<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>   <input type="checkbox"/> Continue   <input type="checkbox"/> Modify   <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>
Third Quarter	Fourth Quarter
<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>   <input type="checkbox"/> Continue   <input type="checkbox"/> Modify   <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>	<p><b>Review Date:</b> _____</p> <p><b>Reviewers Name</b> _____</p> <p><b>Analysis of data shows:</b></p> <p><input type="checkbox"/> Desired decrease in problem behavior    <input type="checkbox"/> Desired increase in replacement behavior</p> <p><input type="checkbox"/> Undesired increase in problem behavior    <input type="checkbox"/> Undesired decrease in replacement behavior</p> <p><b>Action to be taken:</b>   <input type="checkbox"/> Continue   <input type="checkbox"/> Modify   <input type="checkbox"/> Discontinue</p> <p><b>Reason for Action:</b> _____</p> <p>_____</p> <p>_____</p>

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Social/Emotional-Behavior Intervention Plan (SE-BIP)

## Conference Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.