

Behavior Intervention Plan

Date Developed: 2/7/2025

Student Name: Student X

OSIS #:

Age: 17

Date of Birth:

School: PIT High School

Class: Special Class 15:1

Grade: 11th

Identify/Define Target Problem Behavior(s) (From FBA):

NYS Regulation: [200.22 (b) (4)]

When X is in the classroom, during classroom instruction or independent work that he perceives as difficult, he engages in anxious behaviors, such as repetitive hand movements: wringing and rubbing of hands, face twitching, withdrawal (ie: staring off or appearing deep in thought, looking around the room), and verbal outbursts (such as: calling out to the teacher and/or speaking loudly to seek attention or assistance). It is important to note that X reports that these anxious behaviors cause him distress. The target behaviors are likely to occur when the work is too difficult, when X does not receive immediate feedback or assistance, and/or if X does not understand instructions that were provided.

Baseline Measure of the Target Problem Behavior(s) (From FBA):

NYS Regulation: [200.22(b)(4)(i)]

Include frequency, duration, intensity and/or latency of the targeted problem behavior(s).

Using the contextual information above, provide a narrative data description with regard to the frequency, duration, intensity and/or latency of the Targeted Problem Behavior(s) across activities, settings, people, and times of day.

Teachers were asked to collect data on X's in-class behavior for 10 consecutive days in all academic settings. It is important to note that X was observed with little to no intervention from a Paraprofessional due to a staffing shortage. Frequency of the behavior was collected via classroom observations to record the number of occurrences that took place during each academic period that X was present for.

On average, X engaged in the target behavior 2.5 times per day. X displayed strengths and weaknesses when working alone.

Functional Hypothesis (From FBA):

NYS Regulation: [200.1(mmm)]

Setting Events (Conditions that increase the likelihood of the problem behavior)	Antecedent (What occurs before?)	Target Problem Behavior(s) (Observable/Measurable)	Maintaining Consequence/ Function (What happens after? What does student get and/or avoid?)
<p>X has a current diagnosis of Autism which affects his ability to self-regulate and impacts his social skills, repetitive behaviors, speech and verbal and non-verbal communication. According to his mother, X often has difficulty sleeping which can cause him to become irritable throughout the day. This, in turn, means that X may struggle with inattention and have higher levels of anxiety. X also presents with academic delays.</p>	<p>Expectations are set for X to engage with work that is too difficult, when X does not receive immediate feedback or assistance, and/or if X does not understand instructions that were provided.</p>	<p>When X is in the classroom, during classroom instruction or independent work that he perceives as difficult, he engages in anxious behaviors, such repetitive hand movements: wringing and rubbing of hands, face twitching, withdrawal (ie: staring off or appearing deep in thought, looking around the room), and verbal outbursts (such as: calling out to the teacher and/or speaking loudly to seek attention or assistance).</p> <p>It is important to note that X reports that these anxious behaviors cause him distress. The target behaviors are likely to occur when the work is too difficult, when X does not receive immediate feedback or assistance, and/or if X does not understand instructions that were provided.</p>	<p>Consequence: X gets attention from the teacher via redirection or encouragement. X receives sensory input via co-regulation with a trusted adult (bilingual paraprofessional).</p> <p>Function (Get and/or Avoid): Following the consequence, X uses the opportunity to avoid uncomfortable sensory input caused by his anxiety which often manifests in somatic symptoms (ie: uncomfortable feeling in stomach, restlessness, etc.) X also gains access to an adult to provide one of three major interventions (words of encouragement, sensory input or immediate one on one support with scaffolding).</p>

Statement of Functional Hypothesis (From FBA):

Narrative that describes the function of the targeted problem behavior(s) (functional hypothesis) based on the data. Functional statement reads:

When X is expected to engage with work that he perceives as too difficult and does not receive immediate feedback or assistance, and/or if X does not understand instructions that were provided, he will engage in anxious behaviors, such as repetitive hand movements: wringing and rubbing of hands, face twitching, withdrawal (ie: staring off or appearing deep in thought, looking around the room), and verbal outbursts (such as: calling out to the teacher and/or speaking loudly to seek attention or assistance) at an approximate rate of 2.5 times per day in order to obtain adult attention, sensory input via co-regulation, and avoid uncomfortable sensory input caused by his anxiety and gain access to an adult to provide one of three major interventions (words of encouragement, sensory input or immediate one on one supports with scaffolding). These behaviors may be more likely to occur when X does not get a good night's sleep which can cause him to feel more dysregulated and irritable

Global/Broad Influences Related to Targeted Problem Behavior(s) (Setting Events) (From FBA):

NYS Regulation: [200.1(r) and 200.22 (a) (3)]

Using Indirect and Direct Data sources, summarize the global/broad influencing factors (including cognitive, social, sensory, affective factors) that relate to the problem behavior(s). Influences can be student's skills, health/medical, daily routines, relationships, recent or ongoing events in the student's life, etc.

<p>Influencing Factors (Setting Events) that Increase Likelihood of Problem Behavior(s)</p>	<p>X has a current diagnosis and educational classification of Autism. He has a medical diagnosis of kidney disease and high cholesterol. X shares that he has a medical diagnosis of kidney disease and high cholesterol and is required to take medication daily. X has worked with his current paraprofessional since the 9th grade and has made great progress with her assistance. However, X's teachers report that X has developed an over-reliance on his paraprofessional, often waiting for her prompting, cues, or assistance even when he does not need it. Teachers report that X seems to display more initiative and self-advocacy skills on days where he is independent. Teachers report that when X is presented with difficult academic work, he may exhibit some anxious behaviors such as repetitive hand movements and verbal outbursts. X's mother reports that he often has trouble with sleeping which can make him irritable. According to X's last formal evaluation (October 2024) X's teacher and paraprofessional reported that X benefits from on-task focusing prompts as he oftentimes can become disengaged or struggle with inattention. His speech therapist reported that X presented with some difficulty in initiating, maintaining, and terminating a conversation and tended to interject in the conversation of others in order to seek attention. Results of the current academic assessment reveal that X's Applied Oral Language and Applied Reading and Writing skills fall within the Very Low range across both languages (English and Spanish). Additionally, his overall Math Calculation skills also fell within the Very Low Range. His behavioral and social-emotional functioning were also assessed via Parent Rating Scales and Student Self-Reports. While X reports no concerns across all indexes, including the Behavioral and Emotional Risk, Internalizing Risk, Self-Regulation Risk, and Personal Adjustment Risk within the Self Report Rating Scales, he did report some concerns with feelings of anxiety,</p>
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	<p>nervousness, and lack of coping skills in a clinical interview. Additionally his mother reports concerns with internalizing problems, particularly in the areas of anxiety, depression, and somatization. These three areas are classified as clinically significant, indicating his mother feels that X experiences high levels of anxiety and may be displaying soft signs of depressive moods, low self-esteem, as well as physical complaints such as headaches, stomachaches, lethargy, and pain. In terms of externalizing problems, his mother reported no concerns with conduct problems or aggression, however she reported his hyperactivity to be clinically significant, indicating that X may struggle with inattention, restlessness, and remaining engaged. This also may manifest through repetitive fidgeting, which both X and his mother both report to be a concern. His overall Behavioral Symptoms Index came up clinically significant, as his levels of atypicality and attention problems came up clinically significant. X's elevated levels within the Attention Problems scale as well as the Hyperactivity scale are consistent with that of a student who displays a combined presentation of impulsivity/hyperactivity and inattention. Additionally, X's mother's reports resulted in a clinically significant withdrawal scale score. Items from this scale measure several core behaviors commonly described in Autism Spectrum Disorders. Finally, X's Adaptive Skills index bordered between the At-Risk and Clinically Significant range. His mother reported concerns within the Functional Communication domain, therefore X's score fell within the At-Risk range. His mother reported concerns of clinical significance for Leadership, Social Skills, and Adaptability.</p>
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Intervention Strategies:

NYS Regulation: [200.22 (b) (4) (ii), 200.1(mmm)]

(What, where, when, how) must be developed BASED ON THE FUNCTIONAL HYPOTHESIS within the FBA. Include strategies to alter the setting events and antecedents to prevent the targeted problem behavior(s) as well as strategies to alter the consequences that currently maintain the targeted problem behavior(s). Include strategies that will be used to teach alternative and replacement behaviors that serve the same function as the targeted problem behavior(s) while building skills that will make the targeted problem behavior(s) no longer necessary.

Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies
<p>How will you neutralize or prevent setting events?</p> <p>The Behavioral Intervention Plan will require X to use a Self-Monitoring form to allow him to recognize his own feelings and manage his own behaviors. Additionally, teachers should implement a check-in system with X to provide him with positive adult attention. The check-in will consist of a positive greeting and interaction with X.</p>	<p>How will you change the environment to reduce triggers for problem behavior(s) and increase success of new behavior(s)?</p> <p>Initially, his crisis paraprofessional will facilitate the use of his self monitoring to ensure he is using the form correctly and to provide immediate positive feedback. The Self-monitoring form will give X the chance to identify his triggers, his feelings of anxiety, and his response which</p>	<p>Replacement Behaviors:</p> <p>X currently has 2.5 episodes in a school day, averaging an occurrence of 12.5 times per week. To slowly address his behavior, X should have access to rewards if he can appropriately utilize his coping skills at least one time per day. X will be able to identify his triggers and feelings of anxiety and respond by engaging in learned Coping Strategies. The expectation is that his outbursts will reduce from 2.5 per day to</p>	<p>Response after new behavior(s) occur (increase reinforcer):</p> <p>Data will be taken daily and reinforcement provided daily. For every day that X is able to engage in the replacement behavior, he will receive praise from his teacher. For every day that X meets his target, he will receive positive behavior specific praise such as “You met your target today, great job!” from his Paraprofessional. The behavior will have to meet a specified threshold (%) to be determined in phases.</p>

Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies
<p>Counselor- X will continue counseling sessions to identify his triggers, and learn problem-solving and coping strategies to implement when a problem arises or when he is feeling anxious.</p> <p>Consultation with his behavioral support Paraprofessional to ensure the BIP is implemented with fidelity.</p> <p>Communication with parent is key to allow for strong home-school collaboration to ensure X is able to generalize newly learned skills across environments.</p>	<p>will allow him to take responsibility for his own behavior. X will also have a Coping Skills card to remind him of his learned skills, should he need them when his anxiety is heightened. He should engage in the replacement behaviors (coping skills) and should mark on his form when he does.</p> <p>Upon entry to the classroom, X will receive a positive interaction with his teacher, and be reminded that he has a toolbox of coping skills he can use to help him throughout the period.</p>	<p>an average of 1.5 per day (7.5 a week).</p> <p>How will you teach new behaviors?</p> <p>X will work with his mandated Counselor to identify his triggers, when he is feeling anxious, and coping strategies to help him self-regulate. Utilizing the self-monitoring form, X will become aware of his own feelings and actions and will need to take control of his anxious behaviors and replace them with positive coping strategies. This will make him more conscious of his actions and have more thoughtful responses to his anxiety in order to be able to receive Xks if needed and the adult attention he seeks.</p> <p>X will be assigned in phases, a criteria to meet for reinforcement. X will use a self monitoring form where he will monitor his own behavior with the support of his teacher and part-time paraprofessional, to begin. He will take data on a form and answer: “Did I feel anxious?” “Did I use my coping strategies?” The teacher will review the form at the end of the period as part of the check-in, check-out system. If X can meet the reinforcement criteria, he will be rewarded with positive praise (compliment, high-five, etc.)</p> <p>There will be two forms- the self monitoring sheet given to X and the data collection form to be completed by his teachers where he is without his paraprofessional and the paraprofessional will take data in the documented periods where X displays the most</p>	<p>At the end of the week, formal reinforcement will be provided:</p> <p>After engaging in replacement behavior by 3 out of 5 days, X will receive a positive phone call home at the end of the week.</p> <p>After engaging in replacement behavior by 5 out of 5 days, X will get participation credit earned towards a quiz or test grade (determined by teacher)</p> <p>Response after problem behavior(s) occur (reduce reinforcer):</p> <p>If the problem occurs, it will be noted on the form. The form contains a section to select options for why X may not have engaged in expected behaviors and coping strategies.</p> <p>If he did not meet his goal, the teacher should provide him with corrective but private feedback such as “X, you did not use your coping strategies today, let’s make sure you’re using your skills tomorrow, I appreciate your effort today.”</p> <p>If X displays anxious behaviors, teachers should remind X to use his Coping strategies card to pick a strategy that might help him regulate.</p> <p>If X becomes dysregulated and continues to display anxious behaviors, he should be offered a Xk or an opportunity to see his mandated counselor.</p>

Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies
		anxious behavior (as identified in the FBA).	

Progress Monitoring:

NYS Regulation: [200.22 (b) (5), [200.22(b)(4)(iii)]

Provide a schedule by which the effectiveness of the interventions/strategies will be measured.

Please note: The results of the progress monitoring must be documented and reported to the student's parents and to the CSE or CPSE and must be considered in any determination to revise a student's behavioral intervention plan or IEP.

Progress monitoring data must include the frequency, duration, intensity, and/or latency of the targeted problem behavior(s) as well measurement of the alternative/replacement behavior(s).

Progress Monitoring Schedule must include:

- Specific behavior(s) being monitored (targeted problem behavior(s) & alternative/replacement behavior(s))
- Intervals at which data will be collected
- Who is responsible for data collection
- Tools/data collection methods that will be used

The team identified in this plan should meet to analyze data and evaluate the BIP no later than 2 weeks after initiation of the plan. Thereafter, the schedule to measure effectiveness of the BIP will be followed as specified below.

- There will be two forms- the self monitoring sheet given to X and the data collection form to be completed by his teachers where he is without his paraprofessional and the paraprofessional will take data in the documented periods where X displays the most anxious behavior (as identified in the FBA).

Schedule to Measure Effectiveness of Interventions. Indicate interval below (e.g., weekly, every 2 weeks, etc.)	Baseline Data of Problem Behavior(s) (e.g., frequency, duration, intensity and/or latency)	Data on Problem Behavior(s) after implementation of BIP for the specified interval. (e.g., frequency, duration, intensity and/or latency)	Person Responsible
Interval: 2 weeks Start Date: 2/24/2025 End Date:	Frequency- on average 2.5 times per day		All classroom teachers, behavior management paraprofessional

Schedule to Measure Effectiveness of Interventions. Indicate interval below (e.g., weekly, every 2 weeks, etc.)	Alternative/Replacement Behavior(s)	Data on Alternative Behavior(s) after implementation of BIP for the specified interval. (e.g., frequency, duration, intensity and/or latency)	Person Responsible
Interval: 2 weeks Start Date: End Date:	X currently has 2.5 episodes in one day, averaging an occurrence of 12.5 times per week. To slowly address his behavior, X should have access to Coping Strategies card as a visual reminder of appropriate behaviors to help him regulate in class. X will engage in self-regulating behaviors in response to his anxiety (he engages in anxious behaviors approximately 2.5x per day) to then obtain adult attention after engaging in appropriate, expected behavior. The expectation is that his anxious behaviors would reduce from 2.5x per day to an average of 1.5 per day (7.5 a week).		All classroom teachers, behavior management paraprofessional

Staff who participated in BIP development:

Print Name	Title
Student X	Student
Ms. X	Mother
M	School Psychologist
J	School Psychologist in Training