

RtI - POSITIVE BEHAVIOR PLAN

(Completed collaboratively by Administrator, RTI Coordinator, Teacher/s and Parent)

Student Name:	School:	Grade:
Date of Birth:	Age:	Date:
		Time:

Meeting Attendees:

Parent reported strengths: _____

Parent reported concerns: _____

Teacher reported strengths: _____

Teacher reported concerns: _____

1. Background: *(Check those that apply)*

<input type="checkbox"/> Positive Reinforcement	<input type="checkbox"/> CT/Office Referral (# ____)	<input type="checkbox"/> New to MISD
<input type="checkbox"/> Corrective Teaching	<input type="checkbox"/> In School Suspension (# ____)	<input type="checkbox"/> Retained
<input type="checkbox"/> CT/ Cool Down/Quiet Area	<input type="checkbox"/> Out of School Suspension (# ____)	<input type="checkbox"/> Below Level
<input type="checkbox"/> CT/Seating Change	<input type="checkbox"/> Change of Class Placement	<input type="checkbox"/> At-Risk criteria# ____
<input type="checkbox"/> CT/Loss of Privilege	<input type="checkbox"/> Counselor Contact	<input type="checkbox"/> LEP/ESL/Bilingual
<input type="checkbox"/> CT/Parent Phone Call	<input type="checkbox"/> LSSP Contact	<input type="checkbox"/> Speech
<input type="checkbox"/> CT/Parent Conference	<input type="checkbox"/> Other _____	<input type="checkbox"/> Outside Counseling
	<input type="checkbox"/> Medication? Type _____	<input type="checkbox"/> Other: _____

2. Specific Inappropriate Behaviors: **(List up to 3)*

1. _____

2. _____

3. _____

Possible Function of Behavior

Obtain _____ Escape/avoid _____

-to obtain (e.g., attention, power, good grades)

-to escape/avoid (e.g., punishment, task, embarrassment)

3. Skills to Teach:

[MUST BE TAUGHT; FUNDAMENTAL TO PLAN – PRINT SKILL POSTER FOR EACH SELECTED- located on the MISD portal: RtI behavior resources.]

- Accepting Correction/Consequence
- Accepting No
- Controlling Anger
- Keeping Hands, Feet, Objects to Self
- Showing Respect
- Staying in Area/Space
- Staying on Task
- Other _____

A Antecedent What is happening before the behavior occurs?	B Behavior	C Consequence What happens after?	D Duration How long does the behavior last?
<input type="checkbox"/> Alone <input type="checkbox"/> With peers <input type="checkbox"/> Just ending an activity <input type="checkbox"/> Participating in group <input type="checkbox"/> Asked to do something <input type="checkbox"/> Asked/told "not to" <input type="checkbox"/> Transitioning <input type="checkbox"/> Working on academics (which one(s)? _____) <input type="checkbox"/> At recess <input type="checkbox"/> Being ignored <input type="checkbox"/> At lunch <input type="checkbox"/> Given a warning <input type="checkbox"/> About to begin new task <input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> Disrupting class (describe) _____ <input type="checkbox"/> Refusing to follow instructions <input type="checkbox"/> Making verbal threats <input type="checkbox"/> Hurting self <input type="checkbox"/> Destroying property <input type="checkbox"/> Screaming/yelling <input type="checkbox"/> Biting <input type="checkbox"/> Throwing <input type="checkbox"/> Kicking <input type="checkbox"/> Running away <input type="checkbox"/> Grabbing/pulling <input type="checkbox"/> Crying Loudly <input type="checkbox"/> OTHER (describe)	<input type="checkbox"/> Used proximity control <input type="checkbox"/> Gave a nonverbal cue <input type="checkbox"/> Gave a verbal warning <input type="checkbox"/> Changed assignment <input type="checkbox"/> Redirected <input type="checkbox"/> Student lost privilege <input type="checkbox"/> Sent to office <input type="checkbox"/> Suspended <input type="checkbox"/> Gave a time away <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Physical escort <input type="checkbox"/> Student ignored <input type="checkbox"/> OTHER(describe)	<input type="checkbox"/> <1 minute <input type="checkbox"/> 1-5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 10-30 min. <input type="checkbox"/> 1/2 – 1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> 3+ hours

* PLEASE MARK EACH COLUMN WITH 1, 2, OR 3 CORRELATING TO THE BEHAVIORS LISTED IN SECTION 2

4. Intervention Techniques: *(Possible Strategies)*

Increase Positive Interactions
Private Correction
Defined Space
Allow for Movement
Calm Redirects
Class/School Job _____
Contract/Reward Board/Prompter Board
Partial Buy-Back of Consequences;
Defusing Strategies (redirect & walk away; empathy
set a time to talk later, change the subject)

Windowpane/Chunk work
Manipulatives
Silent Signals/Visual Prompts
Picture Schedule
Study Buddy/Peer Tutor
Set a Timer
Adult Mentor _____
other: _____

Additional factors that may be contributing to behavior:

Follow-up check on Plan: 2 week ____ Date: _____

Notes:

Follow-up check on Plan: 4 week ____ Date: _____

Notes:
