



Positive Behavior Supports

and

Student Intervention

Emergency Planning

March 2, 2012

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Emergency Procedures and Intervention Plans

Definition and Use

A behavior that requires immediate intervention constitutes an emergency. Seclusion and physical restraint must be used only under an emergency situation and if essential.

An emergency includes behavior that:

- A. Poses an imminent risk to the safety of an individual student.
- B. Poses an imminent risk to the safety of others.
- C. Is otherwise governed by the Revised School Code, 1976 P.A. 451, the Corporal Punishment Act

Emergency procedures are not considered to be part of an individualized positive behavior support plan or emergency intervention plan unless they are reoccurring. These procedures may be used only by staff trained in Cornell Therapeutic Crisis Intervention (TCI) techniques

Emergency Seclusion

Emergency seclusion is a last resort emergency safety intervention that provides an opportunity for the student to regain self-control. Seclusion is the confinement of a student in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student.

The district will be responsible for making sure that a seclusion room meets the guidance issued by the Fire Marshall Division and case law. The seclusion room used with a student must meet the following guidelines

1. Adequate heating, lighting and ventilation
2. Sufficient size to allow for student movement
3. A viewing window
4. A handle or spring latch door mechanism that does not lock

Emergency Restraint

There are three types of restraint: physical, chemical, and mechanical. Physical restraint involves direct physical contact that prevents or significantly restricts a student's movement and is a last resort emergency safety intervention. Chemical restraint is the administration of medication for the purpose of restraint. Chemical restraint does not apply to medication prescribed by and administered in accordance with the directions of a physician. Mechanical restraint involves the use of any device or material attached to or adjacent to a student's body that restricts normal freedom of movement and which cannot be easily removed by the student. Mechanical restraint does not include adaptive, protective or safety devices/equipment as recommended by a physician or therapist. It is important to note, that **physical restraint, as described by TCI is the only form of restraint used in the school setting.**

Emergency Procedures

An emergency seclusion and/or physical restraint procedure may not be used in place of appropriate less restrictive interventions. Emergency procedures shall **not** be employed as a planned response for the convenience of staff, discipline or punishment, or as a substitute for appropriate educational programming. These procedures should only be utilized when the student is acting in a manner as to be an imminent risk to the safety of self or others.

Emergency procedures shall be performed only when sufficient staff are available to safely implement seclusion/restraint and to provide constant supervision of the student. Those staff must be specifically trained to implement seclusion and/or physical restraint techniques in a safe, appropriate, proportionate and sensitive manner based on student needs (i.e. severity of behavior, medical/health/psychiatric conditions, developmental/chronological age, physical size and gender). Staff must have initial and ongoing training through TCI in order to implement these procedures. See the TCI Trainer's manual for de-escalation techniques, protective interventions, and standing, seated, small child, supine, and prone restraints; approved methods of restraint. Staff training will be documented and kept on file by the program administrator.

Duration of emergency procedures shall be kept to a minimum. Use of seclusion/restraint will be discontinued when the student regains control over their behavior, or at any sign of physical and/or health risks. It may be necessary for staff to consult with a therapist, medical doctor and/or nursing staff prior to/after implementing these techniques with a student.

Staff should notify the program administrator when seclusion or restraint is used. Each use of an emergency seclusion or physical restraint procedure must be documented in writing and shared with the program administrator and parent/guardian within 24 hours.

At times, an escort may become necessary to ensure the safety and de-escalation of the student and those around him/her. This procedure involves moving the student from one location to another, utilizing removal techniques from TCI. Additional training for staff will be provided in removal techniques and proper documentation.

Emergency Intervention Plan

Should a pattern of aggressive, assaultive, self-injurious or dangerous behaviors, requiring the use of emergency seclusion and/or physical restraint, emerge or become anticipated, an Emergency Intervention Plan shall be developed in addition to the Positive Behavior Support Plan to protect the health, safety and dignity of the student. The Emergency Intervention Plan shall be developed in partnership with the parent/guardian by a team comprised of the program administrator, professional staff (e.g. teachers, school psychologists, school social workers, teacher consultants, behavior specialists, nurses or therapists) and agency or medical professionals as appropriate. A written Emergency Intervention Plan will include:

1. A detailed description of the emergency intervention procedure for a specific behavior
2. Any known medical or health contraindications for the use of seclusion and/or restraint
3. An explanation of, and rationale for the use of an emergency seclusion or physical restraint procedure
4. De-escalation strategies and techniques to be implemented

5. A systematic, objective and reliable method of data collection that allows for evaluation of the emergency intervention being implemented
6. Timelines for review of the Emergency Intervention Plan for effectiveness or continued appropriateness
7. Informed parent/guardian consent and notice of the right to withdraw consent at any time prior to plan implementation

The district may provide guidance to all staff in the review of Emergency Intervention Plans at the request of the Program Administrator to the Director of Special Education. Two levels of review can be implemented. At each level, the emergency plan will be reviewed for compliance with district policy and procedure. From the review, recommendations on necessary revisions or training will be identified.

A program peer review committee will be responsible for reviewing the Positive Behavior Support and Emergency Intervention Plans as initiated by the program administrator. This committee convened by the program administrator is comprised of the program administrator, a teacher peer, school psychologist, school social worker and other support staff as needed, along with the staff implementing the behavior plan.

Continuum of Behavior Supports

Behavior interventions are used to assist students in acquiring, reducing, maintaining and generalizing behaviors. Intervention techniques fall on a continuum from positive, ecological and therapeutic, to more restrictive or intrusive approaches. Interventions must emphasize positive behavior supports and natural consequences. Successful implementation of behavior interventions depends on the rapport between staff and students, staff sensitivity to and understanding of student needs, staff ability to anticipate behavior, and flexibility in responding appropriately to different situations.

According to TCI, behaviors can be viewed on a continuum known as the stress model of crisis. While each incident does not necessarily involve every phase of the model, interventions can be utilized at any phase to de-escalate the incident. This manual organizes possible intervention strategies for each phase.

Pre-Crisis:

- *Create routines* and develop a *predictable schedule* for the learning environment.
- *Explicitly teach skills, rules, and expectations* for the classroom and the common areas. Post simple *visual reminders of the expectations* in their respective locations.
- Develop a process to *build and maintain relationships* with all students.
- **Limit Setting** – Provide clear, positive, consistent expectations for student behavior
- **Positive Reinforcement** – Praise and encouragement for appropriate behavior
- **Modeling** – The adult or peers demonstrate the appropriate behavior to teach the behavior to the student.
- **Rewards** – Systematically provide an incentive when appropriate behavior is observed; incentives can be tangible (e.g. food, objects) or intangible (e.g. preferred activities or privileges)

Triggering Phase: (Utilize Appropriate De-escalation Techniques)

- **Prompting** – Provide a signal to the student when inappropriate behavior is observed, such as a cue for the student to self correct and demonstrate the appropriate behavior; cues can be visual, auditory or tactile
- **Proximity Control** – Physical closeness or gentle physical touch with a student when inappropriate behavior is observed as a cue for the student to self correct.
- **Regrouping** – Changing the grouping and proximity of students to each other and/or adults
- **Restitution** – Provide a natural consequence for an inappropriate behavior
- **Directive Statements** – Using simple statements (e.g. no, stop that) as an adult authority for the student's self-control; occasional use of this technique increases effectiveness
- **Caring Gesture** – Expressing warm, genuine feelings of liking and caring for the student, while looking past the immediate negative behaviors.
- **Hurdle Help** – Providing a minimal amount of assistance to help the student begin a difficult or frustrating task.
- **Redirection** – Turning a person's attention away from an undesirable or inappropriate activity, to one that is neutral or more socially appropriate (such as: going for a walk, leaving peers, talking about a favored topic, asking a question).

Escalation Phase:

- **Emotional First Aid-** A quick intervention designed to get the young person through a tough situation and back into the program. Provide immediate help and support to reduce emotional intensity, resolve the immediate crisis, and keep the young person in the program.
- **Drain off Emotions-** Providing emotional hurdle help. ("It is embarrassing when someone calls you names").
- **Clarify the Events-** Young people are overwhelmed with emotions; he/she most likely misinterpreted the incident. Make statements to clarify what happened.
- **Maintain the Relationship and Lines of Communication-** By engaging the young person and keeping the lines of communication open, the young person will not refuse to talk or go away angry. ("I would be upset too, if I lost a game I played so hard to win").
- **Remind the young person of the Expectations and Mediate if necessary-** When the young person is back in control of his/her emotions, remind them of the expectations for participation.

Outburst Phase:

- **Escort** – Directing movement from one place to another with the use of proximity, verbal prompts, and/or minimal use of physical contact.
- **Physical Restraint** – Application of approved physical interventions by TCI trained staff that reduce or restrict a student's freedom of movement for the purpose of providing safety and support. Such techniques should only be used in instances where there is an immediate risk of harm to self or others.
- **Seclusion** – A space void of stimuli for the purpose of de-escalation.

Other Behavior Modification Strategies:

- **Shaping** – Provide positive reinforcement to the student for successive approximations toward an appropriate behavior
- **Differential Reinforcement** – Provide positive reinforcement at a specified interval of time to the student without occurrence of inappropriate behavior
- **Fading** – Gradual removal of a prompt or cue until it occurs under the natural stimulus
- **Counseling** – Verbal discussion and problem solving between an adult and student regarding behavior to instruct the student and identify alternatives
- **Stimulus Change** – Altering the existing environmental conditions to avoid, suppress, or redirect inappropriate behavior
- **Relaxation** – Provide prompts, cues, and strategies to the student for de-escalation of inappropriate behavior or responses to antecedents
- **Token Economy** – Contingency arrangement in which the student earns tokens for appropriate behavior and exchanges the tokens for rewards; tokens can also be lost for inappropriate behavior
- **Contingent Observation** – Removal of a student from an activity or situation to observe rather than participate when inappropriate behavior is demonstrated
- **Restoration** – Require the student to restore the situation or environment to its original condition, prior to demonstration of an inappropriate behavior
- **Response Cost** – Reduction of inappropriate behavior through systematic withdrawal or removal of a reward
- **Exclusionary Timeout**– Removal of the student from the immediate environment reinforcing the behavior. This form of timeout can take place within the same classroom or in a nearby location that can be supervised by an adult

Staff Responsibilities

Team Functioning

The staff assigned to each special education classroom/program work as a team to assess, plan, implement, revise and document behavior supports for students assigned. Professional staff (teacher, therapists, school social worker, school psychologist, behavior specialist and/or nurse), under the direction of the program administrator, are responsible for: conducting the functional behavior assessment, developing and implementing the Positive Behavior Support Plan and Behavior Intervention Plan as necessary, communicating with the parent/guardian, paraprofessional staff, and agency staff, and completing required data analysis and/or documentation. Paraprofessional staff are responsible for: data collection, implementation of behavior supports, and completing documentation under the direction of professional staff and/or the program administrator. Paraprofessional staff may be involved with data compiling, data analysis, and/or planning activities as determined appropriate by professional staff and/or the program administrator.

Staff roles and responsibilities will be specified within the written, individualized Positive Behavior Support Plan and Emergency Intervention Plan developed for a student. All staff are expected to implement the student's intervention plans as written initially, or as revised. All staff will participate in training activities for appropriate application of specified behavior intervention techniques and support within an intervention plan or emergency procedure prior to implementation with a student.

Berrien Regional Education Service Agency BEHAVIOR INCIDENT REPORT

Student _____ Date _____ Time _____
 Teacher _____ Referring Staff _____

- | | | | |
|--|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Classroom _____ | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Therapy room | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Library | <input type="checkbox"/> Jobsite | <input type="checkbox"/> Small group |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Hallway | <input type="checkbox"/> Community | <input type="checkbox"/> Large group |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Gym | <input type="checkbox"/> Office | <input type="checkbox"/> Other _____ |

- Teacher
 Para
 Ancillary
 Peers
 Substitute
 Administration
 Other _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Directive/Request | <input type="checkbox"/> Difficult task | <input type="checkbox"/> Routine change | <input type="checkbox"/> Unstructured setting |
| <input type="checkbox"/> Alone/No adult supervision | <input type="checkbox"/> Peer provocation | <input type="checkbox"/> Medical issues | <input type="checkbox"/> None observed |
| <input type="checkbox"/> Alone/No peer attention | <input type="checkbox"/> Redirection | <input type="checkbox"/> Over/under stimulated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social interaction | <input type="checkbox"/> Transition | <input type="checkbox"/> Reprimanded | |

- | | | |
|---|---|---|
| <input type="checkbox"/> Excessive inappropriate language | <input type="checkbox"/> Noncompliance/defiance | <input type="checkbox"/> Self Injury/self-stimulation |
| <input type="checkbox"/> Physical contact/assault | <input type="checkbox"/> Harassment/bullying | <input type="checkbox"/> Skipping class/leaving room/building |
| <input type="checkbox"/> Loss of self-control | <input type="checkbox"/> Inappropriate display of affection | <input type="checkbox"/> Property damage |
| | | <input type="checkbox"/> Other _____ |

Description of behavior: _____

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Obtain peer attention | <input type="checkbox"/> Avoid peer(s) | <input type="checkbox"/> Imitation | <input type="checkbox"/> Escape setting |
| <input type="checkbox"/> Obtain adult attention | <input type="checkbox"/> Avoid adult | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Obtain items/activities | <input type="checkbox"/> Avoid task/activity | <input type="checkbox"/> Sensory input | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Fear of failure | <input type="checkbox"/> Home issues | <input type="checkbox"/> Self-stimulation | <input type="checkbox"/> Other _____ |

Adult(s)

- Ignoring
 Time Away
 Prompting
 Caring gesture
 Redirection/Distracton
 Managing the environment
 Proximity
 Hurdle help
 Reprimanded
 Sent to office
 Directive statement
 Other _____

Peer(s)

- Ignoring
 Approval
 Disapproval
 Retaliation
 Other _____

- Behavior that resulted in the use of time-out booth Duration _____
 Behavior that resulted in use of physical restraint Duration _____ Type _____

Original in CA-60____ Copy to Teacher____ Parent____ Berrien RESA____ Other_____

Parent/Guardian/Caregiver Notification

Phone Conference Letter Electronic Date of contact: _____ Time of contact: _____

Signature Referring Staff

Signature of Teacher

- No further action needed
- Conference with student
- Staffing Date _____ Time _____
- Behavior Intervention Meeting
Date _____ Time _____
Staff _____
- School Suspension
- Time in office
- Parent Conference Date _____ Time _____
Duration _____ Start _____
- Other _____

Administrator's Signature

Date

TIME OUT LOG

MONTH _____

20__ - 20__ SCHOOL YEAR

LOCATION _____

Date	Student	Time In	Time Out	Physical Mgmt.	Door	Behavior leading to time-out	Describe Student Behavior	BIP	Intervention to re-enter	Staff
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	
				<input type="checkbox"/> Escort <input type="checkbox"/> Carry	<input type="checkbox"/> Open <input type="checkbox"/> Closed	<input type="checkbox"/> Verbal assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Property damage <input type="checkbox"/> Runs <input type="checkbox"/> Voluntary time-out <input type="checkbox"/> Other	*Note every 10 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> LSI <input type="checkbox"/> SLSI <input type="checkbox"/> Other	

ADMINISTRATIVE REVIEW DATE _____

ABC Behavior Observation Form

Student Name: _____ Date(s): _____

Start time:	What happened <i>BEFORE</i> the behavior?	Behavior	What happened <i>AFTER</i> the behavior?
End time:	Activity: _____		
Intensity level:			
Location:			
Initials of staff:			

Start time:	What happened <i>BEFORE</i> the behavior?	Behavior	What happened <i>AFTER</i> the behavior?
End time:	Activity: _____		
Intensity level:			
Location:			
Initials of staff:			

Start time:	What happened <i>BEFORE</i> the behavior?	Behavior	What happened <i>AFTER</i> the behavior?
End time:	Activity: _____		
Intensity level:			
Location:			
Initials of staff:			

Level 1- Mild Protest	Level 2- Moderate Protest	Level 3 Severe Protest
Repetitive requests Task avoidance Facial gracing/ frown Attempts to make physical contact Puts head down	Toss or spread materials Makes more demanding requests Hard tapping on surfaces Out of seat Self injurious behavior	Physical assault to adults Physical assault to peers Running from class/building Throwing heavy objects

ABC Checklist

Student Name _____ School / classroom _____

Date	Time	What was happening before the behavior occurred?	Behavior	What happened after the behavior?	How long did the behavior last?	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With peers <input type="checkbox"/> Riding bus/ van <input type="checkbox"/> Preparing for an outing <input type="checkbox"/> Just ending an activity <input type="checkbox"/> Participating in a 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) _____ <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 activity <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Disrupting class <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"/> Spiting <input type="checkbox"/> Running away <input type="checkbox"/> Grabbing/pulling <input type="checkbox"/> Crying loudly <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Student ignored <input type="checkbox"/> Used proximity <input type="checkbox"/> Gave nonverbal cue <input type="checkbox"/> Gave verbal warning <input type="checkbox"/> Changed assignment <input type="checkbox"/> Redirected <input type="checkbox"/> Student lost privilege <input type="checkbox"/> Sent to different room <input type="checkbox"/> Time out booth <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Physical escort <input type="checkbox"/> Physical restraint <input type="checkbox"/> Other (describe)	<input type="checkbox"/> <1 min. <input type="checkbox"/> 1-5 min. <input type="checkbox"/> 5-10 min. <input type="checkbox"/> 10-20 min. <input type="checkbox"/> 20-30 min. <input type="checkbox"/> 30-40 min. <input type="checkbox"/> 40-50 min. <input type="checkbox"/> 50-60 min. <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> 3+ hours	1 Low 2 3 4 5 High

Date	Time	What was happening before the behavior occurred?	Behavior	What happened after the behavior?	How long did the behavior last?	Intensity
		<input type="checkbox"/> Alone <input type="checkbox"/> With peers <input type="checkbox"/> Riding bus/ van <input type="checkbox"/> Preparing for an outing <input type="checkbox"/> Just ending an activity <input type="checkbox"/> Participating in a 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) _____ <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 activity <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Refusing to follow directions <input type="checkbox"/> Disrupting class <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"/> Spiting <input type="checkbox"/> Running away <input type="checkbox"/> Grabbing/pulling <input type="checkbox"/> Crying loudly <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Student ignored <input type="checkbox"/> Used proximity <input type="checkbox"/> Gave nonverbal cue <input type="checkbox"/> Gave verbal warning <input type="checkbox"/> Changed assignment <input type="checkbox"/> Redirected <input type="checkbox"/> Student lost privilege <input type="checkbox"/> Sent to different room <input type="checkbox"/> Time out booth <input type="checkbox"/> Physical assist/prompt <input type="checkbox"/> Physical escort <input type="checkbox"/> Physical restraint <input type="checkbox"/> Other (describe)	<input type="checkbox"/> <1 min. <input type="checkbox"/> 1-5 min. <input type="checkbox"/> 5-10 min. <input type="checkbox"/> 10-20 min. <input type="checkbox"/> 20-30 min. <input type="checkbox"/> 30-40 min. <input type="checkbox"/> 40-50 min. <input type="checkbox"/> 50-60 min. <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> 3+ hours	1 Low 2 3 4 5 High

Baseline Data Collection

Date _____ Behavior _____ Observer _____

Target Student _____

Average Student _____

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
11:30					
11:45					
12:00					
12:15					
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12:45					
1:00					
1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
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11:00					
11:15					
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12:45					
1:00					
1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					

Direct Staff Involvement

Observer _____

Date _____ Student _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
11:00					
11:15					
11:30					
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12:45					
1:00					
1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					

I = independent

Date _____ Student _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
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12:45					
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1:15					
1:30					
1:45					
2:00					
2:15					
2:30					
2:45					
3:00					

D = direct staff involvement

Classroom Management STOIC Checklist

Classroom _____ Date _____

Structure the classroom for success	Y	N	Comments
1. Room is arranged so staff can get to any other part of the room efficiently.	Y	N	
2. Classroom areas are clearly defined (e.g., signs, desk & table arrangement) and apparent upon entry.	Y	N	
3. Classroom maximizes student focus through arrangement which emphasizes instructional or leisure purpose and cues expected behavior.	Y	N	
4. Spacing is appropriate for individual students' needs (e.g. teacher and peer proximity) and instructional task.	Y	N	
5. There is distinct space in the room where students can have private time to calm down, maintain or regain control.	Y	N	
6. Materials are available for students to address individual sensory needs, not contingent on behavior or performance.	Y	N	
7. Instructional materials reflect thoughtful consideration of student's sensory needs.	Y	N	
8. Sensory activities are built into instruction (e.g., active students are allowed to walk around the room between tasks) and are available across environments.	Y	N	
9. Group and/or individual schedules are consistent, clear, predictable, and presented in a visual format that is meaningful to the student (objects, photos, icons, words).	Y	N	
10. Schedule changes are highlighted with as much advance notice as possible to prepare students for change.	Y	N	
11. Adults cue students with generic phrases such as "Check your schedule" or "What's next?"	Y	N	
12. Visual supports are used when making requests, giving directions, providing instruction, and encouraging participation. Visual supports are tailored to match student needs & include icon, written, and/or sign language formats.	Y	N	
13. Students are supported in organizing themselves for activities with concrete reminders of what materials are needed/sequence should be followed.	Y	N	
14. Classroom transitions are suitably structured as determined by student's needs (e. g., transition item that represents next activity; verbal cue).	Y	N	
15. Students are prepared for transitions through predictable activities/signals (e.g., timer, song). Transition cues are followed consistently (e.g., when the timer goes off, students' transition).	Y	N	
16. Transitions occur quickly to minimize waiting time.	Y	N	
17. Unnecessary transitions are minimized.	Y	N	
18. Classroom is attractive, clean, clutter free, and organized to eliminate factors which vie for student attention including movement of other students.	Y	N	

T each students how to behave responsibly in the classroom	Y	N	Comments
1. Lesson plans are created on expectations and explicitly taught for classroom activities and transitions.	Y	N	
2. Lesson plans are created and explicitly taught for classroom routines and policies.	Y	N	
3. Teaching and re-teaching are provided as needed (e.g., a basketball coach who re-teaches particular plays or patterns).	Y	N	
4. Students are taught to recognize and/or monitor their own behavior and artificial reinforcement is faded.	Y	N	

O bserve student behavior (supervise!)	Y	N	Comments
1. Staff circulates the classroom frequently as a means of observing/monitoring student behavior.	Y	N	
2. All staff model friendly, respectful behavior.	Y	N	
3. Staff periodically collects data to make judgments about what is going well and what needs to be improved.	Y	N	

I nteract positively with the students	Y	N	Comments
1. Staff communicates respect for students by addressing them in a welcoming manner, talking to them rather than about them.	Y	N	
2. Staff celebrate students' successes in a public manner, and address their problems privately.	Y	N	
3. Appropriate supports are provided so students can function as independently as possible.	Y	N	
4. Positive interactions are 7-10 times more frequent than negative interactions.	Y	N	
5. Redirection is used rather than punishment.	Y	N	
6. Staff reinforces students who are meeting classroom expectations rather than calling down the student who is not meeting classroom expectations.	Y	N	
7. Frequent opportunities are provided for students to make choices throughout the day.	Y	N	
8. Adults use more visual and nonverbal means of communicating and eliminate talking when students are stressed/agitated.	Y	N	

C orrect irresponsible behavior	Y	N	Comments
1. Staff corrects students consistently.	Y	N	
2. Staff corrects students calmly.	Y	N	
3. Staff corrects students immediately.	Y	N	
4. Staff corrects students briefly.	Y	N	
5. Staff corrects students respectfully.	Y	N	
6. Classroom has a menu of in-class strategies that can be applied to a variety of infractions.	Y	N	
7. Classroom has a plan for how to respond to individual misbehavior.	Y	N	

BERRIEN REGIONAL EDUCATION SERVICES AGENCY
FUNCTIONAL BEHAVIOR ANALYSIS

STUDENT: _____

BIRTH DATE: _____

AGE: _____

INSTURCTOR: _____

PROGRAM: _____

What is the problem behavior? (Be specific) _____

For whom is the behavior a problem? _____

Where does the behavior occur most often? _____

When does the behavior occur? (a.m. – p.m.) _____

How frequently does the behavior occur: (e.g. – times per day) _____

What is the duration of the behavior episodes? _____

What event(s) happen immediately before and after the behavior and what is the student's response?

Original to File Teacher Berrien RESA Parents CA 60 Other _____

STUDENT: _____

DATE: _____

Conditions or times when the behavior does not occur or when appropriate behavior does occur: _____

In what way does the behavior interfere with the student's development / learning? _____

Is staff consistent in dealing with the student? Yes No If no, explain? _____

Has anything at home or school changed that may have affected the student's behavior? _____

Are there ways to anticipate or change the situation so as to prevent the behavior? _____

What, if any, medication does the student take?

Medication	Dosage	Purpose

Are there any other factors to be taken into consideration such as social skills, mental illness or emotional status? _____

STUDENT: _____

DATE: _____

Is there a more acceptable behavior that might replace the problem behavior? _____

What might be considered as reinforcement for the student? What does he/she like or not like to do? List as many things as you can:

POSITIVE	NEGATIVE

What has the school tried to reduce the behavior problem? (Be specific) _____

Strategies used to analyze behavior and collect data: _____

Hypothesis: _____

Participants completing this analysis:

Name	Title	Name	Title

Staff member that coordinated this analysis:

Name: _____

Title: _____

Date: _____

BEHAVIOR SUPPORT PLAN (BSP)

Name: _____

Student Name: _____

Date of Birth: _____

School District / Building: _____

Grade: _____

FBA / BIP Team:

Identification of Problem Behavior:

BEHAVIORS of Concern Defined (Observable / Measurable)

HYPOTHESIS regarding Behaviors of Concern: Use HYPOTHESIS statement from FBA to describe Behavior(s) to DECREASE (Observable & Measurable); Include BASELINE (frequency, duration, intensity of CURRENT problem behavior(s)), Antecedent / Setting Events, and FUNCTION of Behavior(s):

Goals of Intervention (Identify all that apply):
 Reduction of Target Behavior(s)
 Acquisition of Adaptive Skill(s)

Check	GOAL	DESCRIBE
<input type="checkbox"/>	Social Functioning	
<input type="checkbox"/>	Communication Skills	
<input type="checkbox"/>	Adaptive Skills	
<input type="checkbox"/>	Academic Success	

Lifestyle Changes

Check	GOAL	DESCRIBE
<input type="checkbox"/>	Participation in Integrated Environments	
<input type="checkbox"/>	Enhanced Independence and Satisfaction	
<input type="checkbox"/>	Expanded Social Networks	
<input type="checkbox"/>	Enhanced Academic Success	

BEHAVIOR SUPPORT PLAN (BSP)

BIP Intervention Strategies:

Antecedent / Setting Event Strategies	Evaluation Decision
Teaching / Prompting / Reinforcing Alternative Behaviors	Evaluation Decision
Responding / Consequences Strategies	Evaluation Decision

Crisis Intervention Plan

Implementation and Evaluation:

SUPPORTS FOR TEAM MEMBERS: (Indicate needs of FBA / BIP Team Members in implementing this plan).

DATA COLLECTION: (Indicate name of data collection form to be used, who will be collecting it, on what time schedule, and who will monitor and evaluate the collected data).

Action Plan for Implementation:

IMPLEMENTATION DATE: [Click here to enter text.](#)

WHO	will do WHAT	by WHEN

FOLLOW-UP: (When will team meet again and how frequently thereafter).

NOTES / Additions:

Signatures:

BEHAVIOR SUPPORT PLAN (BSP)

I have reviewed this plan. I have received the training (if needed) to implement this plan. By signing below, I agree to this plan and will implement the portions of the plan I am responsible for to the best of my ability.

Name & Date:

Signature:
