

# Student Intervention Information

## Student Information

Name:	Primary Language:
Birth Date:	Grade:
Classification: <input type="checkbox"/> General Education <input type="checkbox"/> Special Education <input type="checkbox"/> 504	

## Area/s of Concern

- Academics                     
  Behavior                     
  Other

If behavior...

Antecedent:	Behavior:	Consequence:

Summary of Concern (Behavior in Antecedent-Behavior-Consequence form): \_\_\_\_\_

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Forms Completed: <i>See Attached if Completed</i>			
<input type="checkbox"/> Pink	<input type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Purple

# Current & Past Data

		RISE & SAGE Scores		
		6	7	8
English				
Math				

Grades											
6				7				8			

Reading Inventory (RI)								
6 (Dibels)			7			8		
Fall	Winter	Spring	Fall	Winter	Spring	Fall	Winter	Spring

AIMSWeb		
6	7	8
154	154	153

		School City/Benchmark Scores											
		6				7				8			
		1	2	3	4	1	2	3	4	1	2	3	4
English													
Math													
Other													

6-Traits Writing					
I	O	V	W	S	C

Behavior / Educators Handbook Summary		
6	7	8

## **What have we done?**

Academics:	Behavior/Social:	Other:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Seat near the front</li> <li><input type="checkbox"/> Seat near peer helper</li> <li><input type="checkbox"/> Application of specific skill directed by teacher</li> <li><input type="checkbox"/> Developmental / Fundamental Reading class</li> <li><input type="checkbox"/> Small group instruction</li> <li><input type="checkbox"/> One-on-one teacher support</li> <li><input type="checkbox"/> Assignments written in planner</li> <li><input type="checkbox"/> Binder checks</li> <li><input type="checkbox"/> Planner signed by parents</li> <li><input type="checkbox"/> Check completed assignments</li> <li><input type="checkbox"/> One-on-one with an aide</li> <li><input type="checkbox"/> Progress communicated w/ parents</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Seat near the front</li> <li><input type="checkbox"/> Seat away from distractions</li> <li><input type="checkbox"/> Seat near a suitable peer</li> <li><input type="checkbox"/> Application of specific skill directed by teacher</li> <li><input type="checkbox"/> Periodic check-ins with an adult support</li> <li><input type="checkbox"/> BHA check-in / check-out</li> <li><input type="checkbox"/> Behavior / skills class (Teach examples and non-examples of expectations)</li> <li><input type="checkbox"/> Behavior Intervention Plan (BIP)</li> <li><input type="checkbox"/> Social workers/ psychology services</li> <li><input type="checkbox"/> One-on-one aide throughout the day</li> <li><input type="checkbox"/> Gang Liaison check-ins</li> <li><input type="checkbox"/> Progress reports reviewed with parents bi-weekly or weekly</li> <li><input type="checkbox"/> Escort from class-to-class</li> <li><input type="checkbox"/> Static lunch seclusion until behavior is resolved</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluated for Special Education Services</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>

## **What is the next step?**

Which adult is assigned to teach, check-in, and maintain data for this student? \_\_\_\_\_

# Resources

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Period	On-task	Working without disruptions	Comply with your requests	Use kind & appropriate words	Homework:	Sign	Total
1	Y N	Y N	Y N	Y N	Y N		/5
2	Y N	Y N	Y N	Y N	Y N		/5
3	Y N	Y N	Y N	Y N	Y N		/5
4	Y N	Y N	Y N	Y N	Y N		/5
5	Y N	Y N	Y N	Y N	Y N		/5
							/25

Period	On-task	Working without disruptions	Comply with your requests	Use kind & appropriate words	Homework:	Sign	Total
1	Y N	Y N	Y N	Y N	Y N		/5
2	Y N	Y N	Y N	Y N	Y N		/5
3	Y N	Y N	Y N	Y N	Y N		/5
4	Y N	Y N	Y N	Y N	Y N		/5
5	Y N	Y N	Y N	Y N	Y N		/5
							/25

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Period	Working without disruptions	Comply with your requests	Use kind & appropriate words	Comments:	Sign	Total
1	1 2 3	1 2 3	1 2 3			/9
2	1 2 3	1 2 3	1 2 3			/9
3	1 2 3	1 2 3	1 2 3			/9
4	1 2 3	1 2 3	1 2 3			/9
5	1 2 3	1 2 3	1 2 3			/9
						/45

Name: \_\_\_\_\_

DATE: \_\_\_\_\_

Period	Working without disruptions	Comply with your requests	Use kind & appropriate words	Comments:	Sign	Total
1	1 2 3	1 2 3	1 2 3			/9
2	1 2 3	1 2 3	1 2 3			/9
3	1 2 3	1 2 3	1 2 3			/9

4	1 2 3	1 2 3	1 2 3			/9
5	1 2 3	1 2 3	1 2 3			/9
						/45

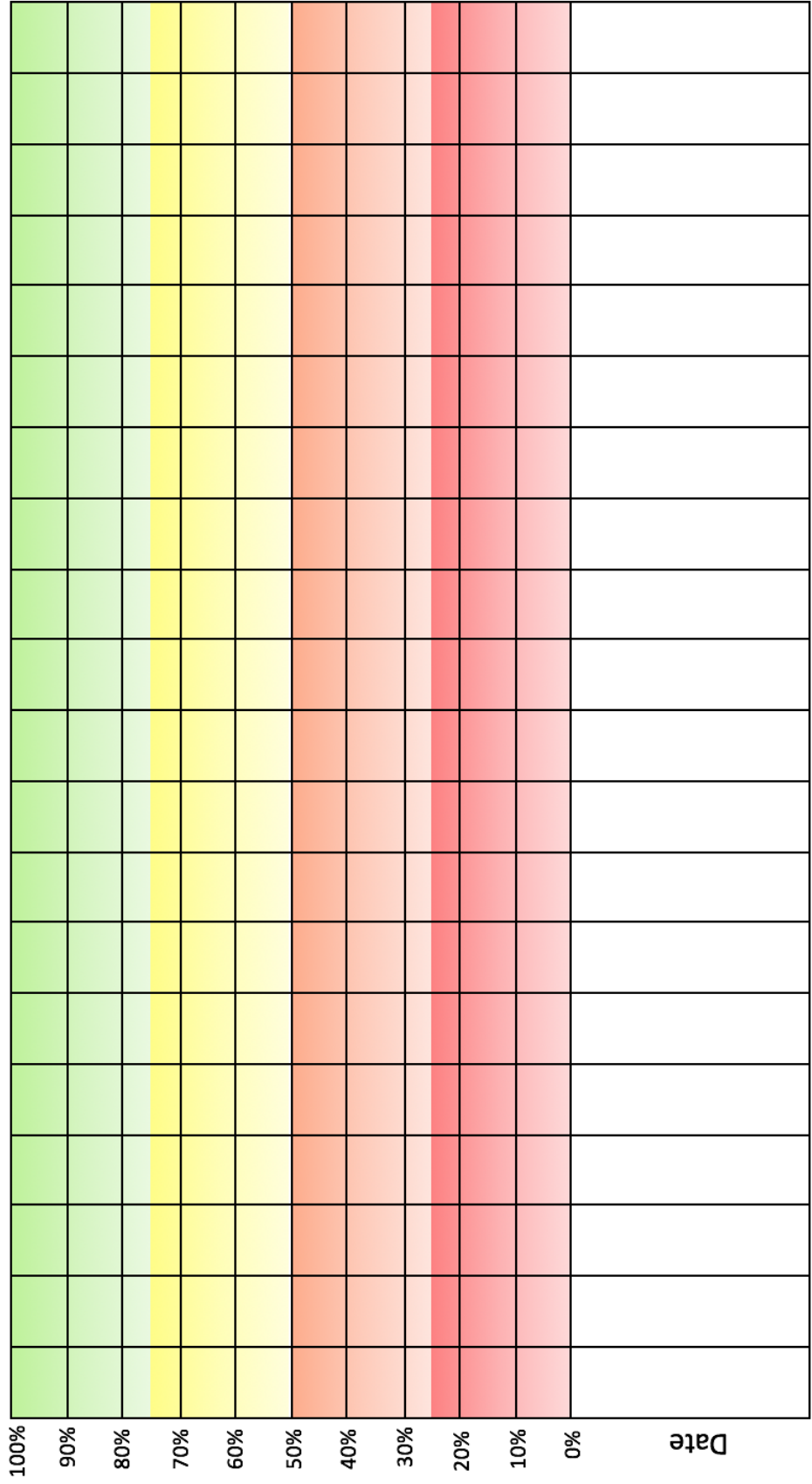
### Tier 3 Behavior Intervention Plan (T3-BIP)

Intervention Steps – Level of Intensity			
	What:	Who is Responsible:	If done correctly: If <b>not</b> done correctly:
Step 1	Tracker	Student	<p>If student receives 70% or higher for 2 weeks, then no more tracker.</p> <p>If student does not receive 70% or higher for 2 weeks, then move to adding step 2.</p>
Step 2	Tracker & Lunch Daily in Intervention Room	Student	<p>If student receives 70% or higher for 2 weeks, then go back to step 1.</p> <p>If student does not receive 70% or higher for 2 weeks, then move to adding step 3.</p>
Step 3	Tracker, Lunch in Daily Intervention Room, & Escort (Removal of Passing Time)	Student & Check-in/Check-out Adult (An aide will collect data from teachers while escorting <u>5</u> minutes early from class to class.)	<p>If student received 70% or higher for 2 weeks, then go back to step 2.</p> <p>If student does not receive 70% or higher for 2 weeks, then move to step 4.</p>
Step 4	Referral for Special Education Eligibility	MTSS Team & Special Education Teacher	<p><b>Checklist:</b></p> <ul style="list-style-type: none"> <li>✓ Gather all data from the previous 3 steps</li> <li>✓ Gather all academic data</li> <li>✓ Permission to evaluate signed by parents</li> <li>✓ Complete a BASC</li> <li>✓ Complete observations</li> <li>✓ Print EdHandbook/White-Slips Referrals</li> <li>✓ If, there are any academic concerns... complete Special Education for SLD + Behavioral Support</li> <li>✓ If there are no academic/ability concerns, then proceed with referral for <b>BD/ED</b> and get district &amp; school psychologist to help continue</li> </ul>

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Tracker Points

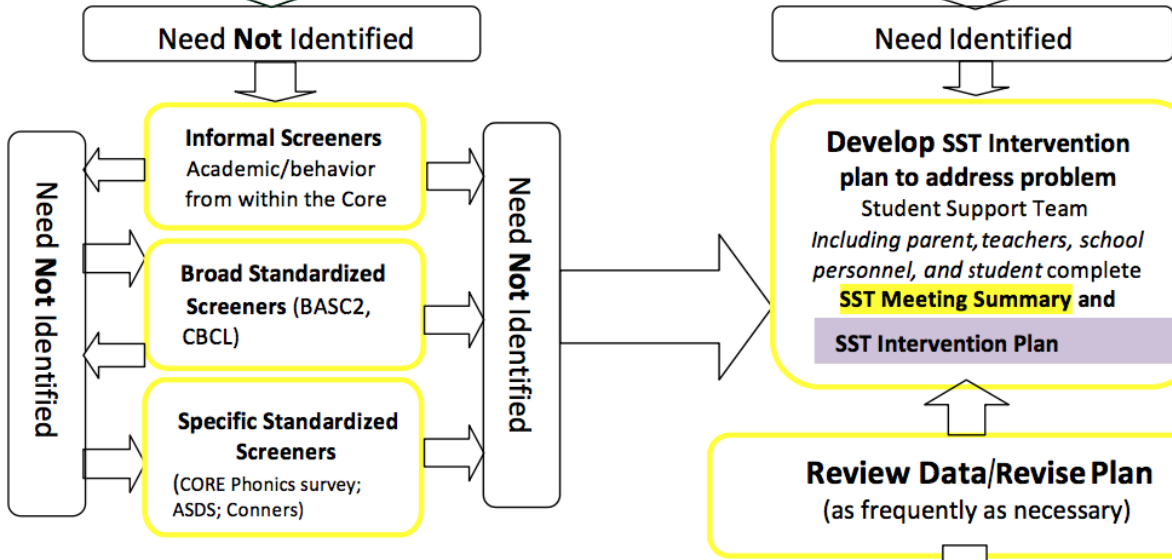




# Granite School District Student Support Process

**School/Parent Concerns**  
Complete **Student Support Form** to document student support Process

**Gather Data About Student:**  
Summary of current academic and behavioral performance, structured developmental history, classroom observations, parent/teacher interview, student interview, cumulative file review, doc. of informal Interventions **Use Student Data Support Guide** to collect data to complete Student Support Form.



**Review Data/Revise Plan**  
(as frequently as necessary)

**Child Find Decision**

**Gen Ed** Continue to follow Student Support process to remediate or manage student problem

**504 Referral** Follow 504 evaluation to determine need for accommodations

**SPED Referral** Follow Special Ed evaluation to determine need for specialized instruction

**Formal Evaluation for 504 Eligibility**

**Formal Evaluation for Special Education**

**Behavior Intervention Plan for  
Granite School District  
Student Information**

Student:		Birthdate:	
School:	West Lake Jr. High	Grade:	
Student's Primary Language:			
Classification:		Behavior Plan Date:	

**Behavior Intervention Plan**

**Summary Statement including data:**

**Proactive Antecedent Strategies:** List general strategies for staff to implement in an attempt to prevent the problem behavior from occurring: (i.e. prompting, modeling, non-contingent reinforcement, etc.) Consider the Antecedent from the FBA.

**Definition of Problem Behavior including data:**

Behavior	Topography (What does it look like?)	Frequency	Duration	Intensity

**Replacement behavior:** A replacement behavior has the same function as the problem behavior. Also consider what the desired behavior is and what the student needs to learn in order to perform the desired behavior. Include those behaviors here also. Continue to teach and reinforce classroom procedures, teacher pleasing behaviors, etc.

**Replacement behavior(s):** Identify the replacement behavior and steps to teach it (i.e., who, what, where, when, and how).

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**Desired behavior(s):** This is the long term goal for the student. For example: They complete an assignment without asking for a break and with no problem behavior.

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**Data Collection Method:** Check all that apply.

- Frequency
- Duration
- ABC Recording (Descriptive Analysis Data)
- Intensity
- Other (TRACKER & Check-in/check-out)

**Consequence-Based Strategies:** What will staff do when problem behavior occurs and what will they do with the replacement or desired behavior occurs.

**Function of Behavior:** (autofill function of behavior here from FBA)

Consequences for problem behavior: (i.e. ignoring, time-out, loss of privileges, etc.)	Consequences for replacement/desired behavior. (i.e. positive attention, access to privileges, positive reinforcement, token economy, etc.)

**Behavior Intervention Plan steps:** This is how staff will implement the antecedent and consequence strategies and teach the replacement behavior(s). Include any staff training that is necessary. Be specific.

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Date for Next Review: \_\_\_\_\_

**Signatures of participants:**

Print Name	Signature	Title

## Plan Evaluation and Review

How many weeks was intervention applied?

Number of weeks: \_\_\_\_\_

Indicate the extent to which the intervention was implemented as designed:

Extent Implemented: \_\_\_\_\_

Indicate student progress toward identified outcome of student decreasing target behavior and increasing replacement behavior. Include a summary of data collected.

Student behavior data:

### Plan Review

Date of Review: \_\_\_\_\_

From the description of the student's progress and data collected, describe why the plan needs to be revised.

Reason for Review:

Are changes necessary?

Yes      No

Description of changes:

When will the revised plan be reviewed?

Date for next plan  
review: \_\_\_\_\_

**Signatures of participants:**

<b>Print Name</b>	<b>Signature</b>	<b>Title</b>

## Intensive, Individualized “Few” Interventions (LRBI)

**Complete Section 5 ONLY if the student’s Target behavior escalates to a behavior that is a safety concern to either themselves and/or others and an Intensive, Individualized “Few” LRBI intervention is a component of the BIP.**

Intensive, Individualized “Few” Interventions should be used on a limited basis; only when safety is the primary concern. USOE’s Guidelines and the District’s Special Education department’s Policy require that at least two Universal “All” and at least two Targeted “Some” Interventions be implemented and found ineffective (attach supporting data) prior to identifying and implementing any Intensive, Individualized “Few” Interventions.

The behavior that is a safety concern is:

Defined as (Measurable and Observable):

Check any of the following Intensive, Individualized “Few” Interventions that will be used in implementing this BIP. These interventions should be used according to the LRBI Guidelines (2008) and the District’s Special Education Policy. The potential side-effects/special considerations of the identified intervention must be discussed with ALL IEP team members. Signed parental consent is required for all Intensive, Individualized, “Few” Interventions.

- Forceful Physical Guidance:** Student is physically guided through the proper motions despite his/her resistance. **Potential Side Effects:** A student may vigorously resist being touched when forced through this procedure. Requires staff to be trained and certified.
- Seclusionary Time-Out:** Student is involuntarily placed for a specified, pre-determined amount of time in a room used specifically for the use of time-out. **Potential Side Effects:** A student may become aggressive or injure him/herself or staff when being escorted to a time-out room. Requires staff to be trained.
- Manual Restraint:** The minimum amount of force necessary is used to hold/restrain a student only as long as the student is a danger to him/herself, and/or others. **Potential Side Effects:** Could result in serious physical injuries (i.e. limb injury, asphyxiation, death, internal injuries, aspiration, or skeletal injuries) to the student and adult. Requires staff to be trained and certified.
- Manual Restraint (for bus):** A mechanical device used during pupil transportation to keep a student from injuring or endangering him/herself or others. **Potential Side Effects:** Could result in withdrawal, aggression, crying, whining, or pouting if staff members implementing the procedures do not provide a high density of positive reinforcements for appropriate behaviors throughout the day. Requires staff to be trained.
- Other: \_\_\_\_\_