

Students Name:

Positive Behavior Support Plan

Student Name: _____ Date of Plan _____

Team signatures:

POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

Students Name:

ASSESSMENT SUMMARY:

| Antecedents to the behavior of concern | Behavior of concern | Consequences maintaining the behavior of concern | Perceived function of the behavior of concern |
|--|---------------------|--|---|
| | | | <p><i>To gain</i></p> <p>_____</p> <p><i>To avoid, escape, or postpone</i></p> <p>_____</p> |

When *(antecedents to the behavior of concern)* _____
the student *(behavior of concern)* _____
in order to *(perceived function of the behavior of concern)* _____

Identify educational (skill) deficit(s) related to the behavior of concern:
Academic skill deficits, communication and/or social skill deficits, sensory processing skill deficits.

Refer for further assessment: *(check here and describe plan for assessment if skill deficits have not previously been assessed and identified).*
Describe: Assessment Plan

Educational deficits addressed in other areas of IEP: *(check here if deficits have previously been assessed and identified and describe how they are being addressed in the IEP).*
Describe: Areas of IEP that address the identified skill deficit(s).

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V. GOALS AND OBJECTIVES - Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

| MEASURABLE ANNUAL GOAL Include: Condition, Name, Behavior, and Criteria (Refer to Annotated IEP for description of these components) | Describe HOW the student's progress toward meeting this goal will be measured | Describe WHEN periodic reports on progress will be provided to parents | Report of Progress |
|---|--|---|--------------------|
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SHORT TERM OBJECTIVES - Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

| Short term objectives / Benchmarks |
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POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

Students Name:

VI. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION FOR THE POSITIVE BEHAVIOR SUPPORT PLAN:

A Antecedent (prevention) Strategies

B Replacement Behavior

↑C Consequences (reinforcement) for when the student performs the replacement behavior:

POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

Students Name:

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| ↓ C Consequences (including procedures to follow) when the student performs the behavior of concern: |
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Note: In developing the Positive Behavior Support Plan (PBSP) the IEP team must consider Program Modifications and Specially Designed Instruction, Related Services, and Supports for School Personnel. These items should be described within Section VI of the IEP.

VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS - Include, as appropriate, for nonacademic and extracurricular services and activities.

A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)

- SDI may be listed with each goal or as part of the table below.
- Include supplementary aids and services as appropriate.
- For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

| <i>Modifications and SDI</i> | <i>Location</i> | <i>Frequency</i> | <i>Projected Beginning Date</i> | <i>Anticipated Duration</i> |
|------------------------------|-----------------|------------------|---------------------------------|-----------------------------|
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POSITIVE BEHAVIOR SUPPORT PLAN (PBSP)

Students Name:

B. RELATED SERVICES - List the services that the student needs in order to benefit from his/her special education program.

| <i>Service</i> | <i>Location</i> | <i>Frequency</i> | <i>Projected Beginning Date</i> | <i>Anticipated Duration</i> |
|----------------|-----------------|------------------|---------------------------------|-----------------------------|
| | | | | |
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| | | | | |

C. SUPPORTS FOR SCHOOL PERSONNEL - List the staff to receive the supports and the supports needed to implement the student's IEP.

| <i>School Personnel to Receive Support</i> | <i>Support</i> | <i>Location</i> | <i>Frequency</i> | <i>Projected Beginning Date</i> | <i>Anticipated Duration</i> |
|--|----------------|-----------------|------------------|---------------------------------|-----------------------------|
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