

BEHAVIOR INTERVENTION PLAN (BIP)

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| Name: | School: |
| DOB: | Caseload Teacher: |
| Age: | Grade: |
| Eligibility: N/A | |
| Guardian(s): | |
| Address: | |
| Phone: | |
| Primary Language in Home: | |
| Date of BIP: | |

| Problem Behavior | Desired Behavior | Intervention Strategy | Person Responsible | Review Date |
|-------------------------|-------------------------|------------------------------|---------------------------|--------------------|
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