

# Livingston County Special Services Unit

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STUDENT NAME: \_\_\_\_\_

DATE OF MEETING: \_\_\_\_\_

## BEHAVIORAL INTERVENTION PLAN (AS APPROPRIATE)

**Complete when the team has determined a Behavioral Intervention Plan is needed.**

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**Student's Strengths** - Describe students behavioral strengths

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### Target Behavior

Is this behavior a ☐ Skill Deficit or a ☐ Performance Deficit?

Skill Deficit : The student does not know how to perform the desired behavior.

Performance Deficit: The student knows how to perform the desired behavior, but does not consistently do so.

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**Hypothesis of Behavioral Function** - Include hypothesis developed through the Functional Behavioral Assessment (attach completed form).  
What desired thing(s) is the student trying to **get**? OR What undesired thing(s) is the student trying to **avoid**?

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**Summary of Previous Interventions Attempted** - Describe any environmental changes made, evaluations conducted, instructional strategy or curriculum changes made or replacement behaviors taught.

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**Replacement Behaviors** - Describe which new behaviors or skills will be taught to meet the identified function of the target behavior (e.g. student will slap his desk to replace striking out at others). Include description of how these behaviors/skills will be taught.