



North Central Ohio ESC, Tiffin Campus  
928 W. Market St., Suite A  
Tiffin, OH 44883  
Phone: 419-447-2927  
Fax: 419-447-2825

North Central Ohio ESC, Marion Campus  
333 E.Center Street  
Marion, OH 43302  
Phone: 740-387-6625  
Fax: 740-383-4804

**Behavior Intervention Plan**

*Develop an ActionPlan\**

A. Goal Statement:

Intervention/Skills	Who Implements?	How Long?	Data Used to Measure Progress?	Who Collects Data?	Who Monitors During Implementation?	Review Schedule

\* Use one page for each goal



North Central Ohio ESC, Tiffin Campus  
928 W. Market St., Suite A  
Tiffin, OH 44883  
Phone: 419-447-2927  
Fax: 419-447-2825

North Central Ohio ESC, Marion Campus  
333 E.Center Street  
Marion, OH 43302  
Phone: 740-387-6625  
Fax: 740-383-4804

## **BEHAVIOR INTERVENTION PLAN**

*Review and Modify the Plan as Necessary*

**Date:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **IEP Team Members:** \_\_\_\_\_

**Describe the student's progress toward the goal(s):**

**What methods did you use to document intervention results?**  
*(Attach charts, work samples, graphs, etc.)*

**Recommendations for modifications, if any:** *(If the results are such that a new plan is necessary, it is suggested that the team start at the beginning of the collaborative problem-solving process.)*



North Central Ohio ESC, Tiffin Campus  
928 W. Market St., Suite A  
Tiffin, OH 44883  
Phone: 419-447-2927  
Fax: 419-447-2825

North Central Ohio ESC, Marion Campus  
333 E.Center Street  
Marion, OH 43302  
Phone: 740-387-6625  
Fax: 740-383-4804

**Behavior Intervention Plan  
Signature Page**

The functional behavior assessment and behavior plan documents can be used for both students who have IEPs or those who do not. If the behavior planning process was completed as part of an intervention design for a student who does not have an IEP, then have participants sign this form.

/ / / Date		
_____ Name (Print)	_____ Position	_____ Signature

/ / / Date		
_____ Name (Print)	_____ Position	_____ Signature

/ / / Date		
_____ Name (Print)	_____ Position	_____ Signature

/ / / Date		
_____ Name (Print)	_____ Position	_____ Signature

/ / / Date		
_____ Name (Print)	_____ Position	_____ Signature