



**AMITYVILLE UNION FREE SCHOOL DISTRICT
PUPIL PERSONNEL SERVICES**

Positive Behavioral Intervention Plan

Student's Name: _____ **Date:** _____

Date of Birth: _____ **Grade:** _____

School: _____

Referring Person/Title/Signature: _____

Date plan was initiated:

Date plan will be reviewed:

Please submit revisions of this plan to your building school psychologist.

COMPETING BEHAVIOR PATHWAY

Description of problem behavior(s):

Setting(s) where behavior(s) occurs:

Antecedents to behavior(s):

Desired behavior(s):

Replacement (alternative) behavior(s):

SPECIFIC INTERVENTIONS TO CHANGE BEHAVIOR
<u>Prevention:</u> Interventions designed to make the problem behavior irrelevant.
<u>Teaching:</u> Interventions designed to teach a new skill and/or replacement behavior.
<u>Extinction:</u> Interventions designed to extinguish problem behavior or to make problem behavior ineffective.
<u>Reinforcement:</u> Interventions designed to make desired behavior more rewarding.
BEHAVIORAL GOALS
What is the short-term behavioral goal?
What is the long-term behavioral goal?
EVALUATION PROCEDURES
What type of data will be collected?
How will the data be measured?
Who will be responsible for collecting and measuring the data?
How often will the data be collected and measured?