

# Behavior Intervention Plan

Sunday, January 15, 2017 11:31 AM

**SERVICE AGENCY'S NAME**

**BEHAVIOR INTERVENTION PLAN  
Individual Service & Support Plan**

ISSP's identify specific processes to meet prioritized needs, goals, and outcomes, identified at the IP meeting. ISSP's should detail individualized training and habitation needs of persons to promote optimal levels of independence and hinder skill regression. Please identify all services and supports that will be utilized in this ISSP.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Implementation Date:** \_\_\_\_\_ **Projected Date of Completion:** \_\_\_\_\_  
**Date of Comp. Life Review:** \_\_\_\_\_ **Date Reviewed by IDT:** \_\_\_\_\_  
**Date of Functional Analysis (if applicable):** \_\_\_\_\_ **Date Reviewed by IDT:** \_\_\_\_\_

**ISSP Goal as it is stated in the IP:**

Note the main points of the comprehensive life review & functional analysis (if applicable) that supports the need for this ISSP:

Description of the observable target behavior(s) to be addressed by this ISSP:

**Baseline/severity of the behaviors targeted for changed** (please describe how often and/or how long the behaviors to be changed or improved upon are occurring):

**Objective(s)/Criterion** (describe in observable terms what you would like this person to do or not do. Describe in measurable terms how you will know when they have done this. Identify the conditions under which this should be done. The objectives should relate back to the baseline):



**Methodology** (Indicate all of the supports & services to be utilized in order to help the person meet the stated objectives. The comprehensive life review and functional analysis should support these strategies and procedures).

**Positive Procedures** (provide detailed instructions on how the target behavior(s) will be addressed as well as what the person will learn to do in place of the target behavior(s):

**Environmental Changes** (include any revisions, adaptations, or additions being made to the in the person's environment to assist with the target behaviors):

**Therapies and/or medications** used to assist with targeted or replacement behaviors (if applicable):

**Restrictive Procedures or Suspension of Rights** (If applicable, describe in detail any restrictive procedures or rights suspensions being used. NOTE: physical or mechanical restraints cannot be used in an ISSP):

**Consistency** (please describe how consistent implementation between service agencies will be addressed):

**Expected outcome of the methodology:** (discuss what this person will learn and/or how they will benefit from the methodology):

**Data Collection** (describe how all the behaviors that are to be changed or improved upon will be recorded & tracked and how the supports that are to be provided will be monitored. Data collection should relate back to the objectives and the methodology. A separate data sheet should be used for each ISSP):



**Informed consent date (required for psychotropic medication and restrictive procedures):**

\_\_\_\_\_

**Staff has been trained to implement this ISSP** (program manager please date & initial):

\_\_\_\_\_

**Name and title of the person(s) who developed this ISSP:**

\_\_\_\_\_

**Name and title of the person(s) who will be implementing this ISSP:**

\_\_\_\_\_

**Name and Title of the Person(s) who will be monitoring this ISSP and specific timelines for review:**

\_\_\_\_\_

**Date reviewed with Person Receiving Services:** \_\_\_\_\_

**Date copy sent to Legal Guardian:** \_\_\_\_\_

