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Free Autism Behavior Intervention Plan (BIP)

Student Information

Name:	_____
Date of Birth:	_____
School/Classroom:	_____
Date of Plan:	_____

Target Behavior(s)

Behavior Description:	_____
Frequency/Duration:	_____
Severity/Impact:	_____

Behavior Function (Based on FBA)

☐ Escape/Avoidance	☐ Sensory Stimulation
☐ Attention-Seeking	☐ Access to Tangibles
Other (Specify):	_____

Preventative Strategies

Environmental Adjustments:	_____
Visual Supports/Prompts:	_____
Schedule Modifications:	_____

Replacement Behaviors

Replacement Skills to Teach:	_____
Reinforcement Strategies:	_____

Response Strategies for Target Behavior

Verbal Prompts:	_____
Redirection:	_____

Planned Ignoring:	_____
Other:	_____

Monitoring and Review

Progress Monitoring Method:	☐ Daily Data Sheet ☐ Weekly Summary ☐ Behavior Log
Review Schedule:	☐ Weekly ☐ Monthly ☐ Quarterly
Team Members Involved:	_____

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https://casemanagementhub.org/
