BIP PROGRESS MONITORING REVIEW MEETING

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Document the results of progress monitoring. Progress monitoring must be reported to the student’s parent and IEP team.

**Staff who participate in Progress Monitoring Review Meeting**

|  |  |  |
| --- | --- | --- |
| Print Name | Title | Signature |
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| **Schedule to measure Effectiveness of Interventions**  *Indicate interval below (e.g. weekly, every 21 weeks, etc.)* |
| Start of BIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Initial Review Meeting (no later than two weeks after initiation of the plan)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Interval (1 week, 2 weeks, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Next Review Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Data on Targeted Problem Behavior(s)**

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| --- | --- | --- | --- |
| **Describe Targeted Problem Behavior** (s): | | | |
| **Baseline Data of**  **Targeted Problem**  **Behavior(s**):  Copy Frequency,  Duration, and/or  Intensity directly from FBA. | **Data on targeted**  **Problem Behaviors(s) after**  **Implementation of BIP**  **For the specified interval:**  *Update data on*  *Frequency, Duration, and/or Intensity at every review meeting* | **Data Analysis**:  Has the Targeted Problem Behavior decreased?  (Circle Yes or No) | **Person(s) Responsible**  (E.g*. collecting data, implementing BIP, analyzing data, scheduling review meetings, etc.*). |
| Frequency \_\_\_\_\_\_\_\_  Duration \_\_\_\_\_\_\_\_\_  Intensity\_\_\_\_\_\_\_\_\_\_ | Frequency  Duration  Intensity  (Attach data forms) | Frequency Y/N  Duration Y/N  Intensity Y/N |  |

1. **Data on Alternative/Replacement Behavior (s):**

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| **Describe the alternative/Replacement Behaviors (s):** | | |
| **Data on Alternative/Replacement**  **Behavior(s) after implementation of BIP for the specified interval:**  (*Choose and report on one or more of frequency, duration and/or intensity below, as appropriate)* | **Data Analysis:**  *Has the Alternative/Replacement Behavior Increased?*  *(Circle Yes or No as appropriate).* | **Person(s) Responsible**  (*e.g. collecting data, Implementing BIP, analyzing data, scheduling review meetings, etc.).* |
| **Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Intensity**  **Attached copies of data forms and submit to SESIS** | **Frequency Y/N**  **Duration Y/N**  **Intensity Y/N** |  |

1. Continue Plan? (Circle) Y/N Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modify plan? (Circle) Y/N Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “yes” to modify plan, the team as identified in this BIP must meet to modify the plan and send the updated plan to the parent/caregiver and IEP team.

Identify how the results of the Progress monitoring will be shared with the student’s parent/caregiver:

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