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/orIntensity 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\_\_\_\_\_\_\_\_\_\_ | FrequencyDurationIntensity(Attach data forms) | Frequency Y/NDuration Y/NIntensity 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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