BIP Snapshot

Student: _____ ID #: _____ DOB: _____

BIP Start Date: _____ School Year: _____ -_____ Language/s: _____

[Eligibility/Date: _____ /_____ End of IEP: _____] Transportation Support: Y / N

Progress Monitoring

_____ _____

_____ _____

Target Behavior ➲ _____

_____

Preventive Strategies	Correction Procedures
☐Behavior Chart ☐Scheduled Breaks ☐Resource Room Access ☐Adult Support: _____ ☐Offer Choices ☐Timed Activities ☐Manipulatives: _____ ☐Proximity Seating: _____ ☐'Chunked' Assignments ☐Peer Helper ☐_____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Replacement Behavior ➲ _____

_____

Instructional Strategies	Reinforcement Procedures
☐Social Skills ☐Modeling ☐Classroom Job ☐Timed Activities ☐Visual Prompts: _____ ☐Reflection Time ☐Scripts:_____ ☐_____	☐Reward System ☐Verbal Praise ☐Increased Social Attention ☐Treasure Box ☐Extra Free Time ☐Positive Call/Note Home ☐_____ ☐_____

CRITERION (IEP Goal)

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