

**CLARK COUNTY SCHOOL DISTRICT (CCSD)**

**BEHAVIOR INTERVENTION PLAN (BIP)**

**IMPLEMENTATION AND ACCOUNTABILITY**

**20      20      SCHOOL YEAR**

**SCHOOL:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **STUDENT NUMBER:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **ELIGIBILITY:** \_\_\_\_\_

**BIP INITIAL START DATE:** \_\_\_\_\_

**MEASURING PROGRESS:** Please indicate below the frequency of review and the student's case manager.

**Frequency of review:** \_\_\_\_\_

**Case Manager (First / Last Name):** \_\_\_\_\_

**COMMUNICATING THE BEHAVIOR INTERVENTION PLAN:** The plan will be distributed to the following people below (i.e., parent, general education teachers, special education teachers, related service personnel, bus driver, etc.).

**PERSONS TO BE CONTACTED (Print Full Name, Signature, Title, Date)**

**\*By signing below I am confirming receipt of BIP Plan and acknowledging its full implementation.**

Print Name	Signature	Title	Date

**FOLLOW UP REVIEW OF BIP: (Title of Attendees, Purpose, Type – Phone/In Person, Date)**

Title of Attendees	Purpose	Type (In Person/Phone)	Date

**\*Add additional page if needed**

**Site Administrator responsible for Implementation: (Print Name/Title)** \_\_\_\_\_

**(Signature)** \_\_\_\_\_

**Parent provided copy (Date/Method)** \_\_\_\_\_

**\*\*Status and File in Student's Confidential Folder (Educational/Right Section)**