

Illinois PBIS Network

Tier 3/ Student Action Plan & Progress Update

Purpose:

This document is a working record of the team structure and plan of support for each individual student receiving tier-3 support. This document should be shared and updated at every individual student team meeting to ensure that: a) changes and progress are recorded, b) interventions are agreed upon by all team members and c) teams are accountable for ongoing progress monitoring. If information is stated clearly, the plan can also be shared with others who may be supporting this student in the future. Team facilitators are encouraged to document all components clearly. Clarity of actions and decisions (rather than length) makes the written plan useful to the student and his/her team currently as well as in the future.

Student: _____ **School:** _____ **School Contact:** _____

Grade: _____ **Age:** _____ **SIMEO ID#:** _____

Student Intervention History

Check interventions that the student has received. Include start date and end date; if not applicable indicate N/A OR data not available-only if intervention has just begun:

Simple Secondary Interventions (CICO)		Social/Academic Instructional Groups		Simple Secondary Interventions with Individual Features(CnC)		Brief Function-Based Behavior Plan		Complex/Multiple-Life - Domain FBA/BIP		Wraparound Support	
Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date
Pre Data	Post Data	Pre Data	Post Data	Pre Data	Post data	Pre Data	Post Data	Pre Data	Post Data	Pre Data	Pre Data

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Optional: Summarize secondary interventions listed above:

SECONDARY INTERVENTIONS OVERVIEW: Briefly describe individual features of secondary interventions.
Describe FBA/BIP (if applicable-refer to Page 4-Behavior Intervention Plan-Competing Behavior Pathway)

The following page is also used as a sign-in sheet and should be signed at each child and family team meeting; you will keep those copies in the student's file. When you turn this into the network, info can be recorded electronically with you sending the latest sheet, you do not have to send all of the sign in sheets for each meeting.

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SECTION 1: Team Development/Sign-In Sheet

Youth/Student: _____ Parent Guardian: _____ Facilitators: _____

Date of 1st Meeting: _____ 2nd _____ 3rd _____ 4th _____ 5th _____
 6th _____ 7th _____ 8th _____ 9th _____ 10th _____
 set meeting date before ending current meeting

CONFIDENTIALITY AND ATTENDANCE: I agree to honor the rights and privacy of any persons discussed in this meeting. I agree not to divulge any information regarding any family, person, or agency, which may be referred to in the course of this meeting.

Team members present today:	Relationship/Role
Team members not present today:	

Check here if release of Information have been signed. Yes No

AGENDA for Wraparound Meeting:

- Introductions by role
- First meeting develop mission statement, big need (review)
- Review strengths, add other strengths
- Update progress
- Priorities for today's meeting
- Action plan: who, what, by when?
- Next meeting date

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SECTION 2: Strengths

Home	School	Community

SECTION 3: Mission Statement

SECTION 4: Safety Plan

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SECTION 6: Wraparound Plan

(Team members date, review and update Action Plan at each meeting based on data/progress monitoring.)

NOTE: STRENGTHS/NEEDS DISCUSSION SHOULD BE TIED TOGETHER

NEEDS	STRENGTHS	OUTCOMES	STRATEGIES (What, By Whom, By When)
NEEDS	STRENGTHS	OUTCOMES	STRATEGIES (What, By Whom, By When)
NEEDS	STRENGTHS	OUTCOMES	STRATEGIES (What, By Whom, By When)

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SECTION 7: Individual Student Data for Progress Monitoring

<i>(Please indicate time period)</i>	Baseline	Time 2	Time 3	Time 4
GRADES				
Daily Progress Report (DPR)				
ODRs				
ISS (In-School Suspensions)				
OSS (Out of School Suspensions)				
Attendance: Absences/tardies				
OTHER DATA				

Other information that is pertinent: (perception of team members, family, etc.)

Attach SIMEO graphs.

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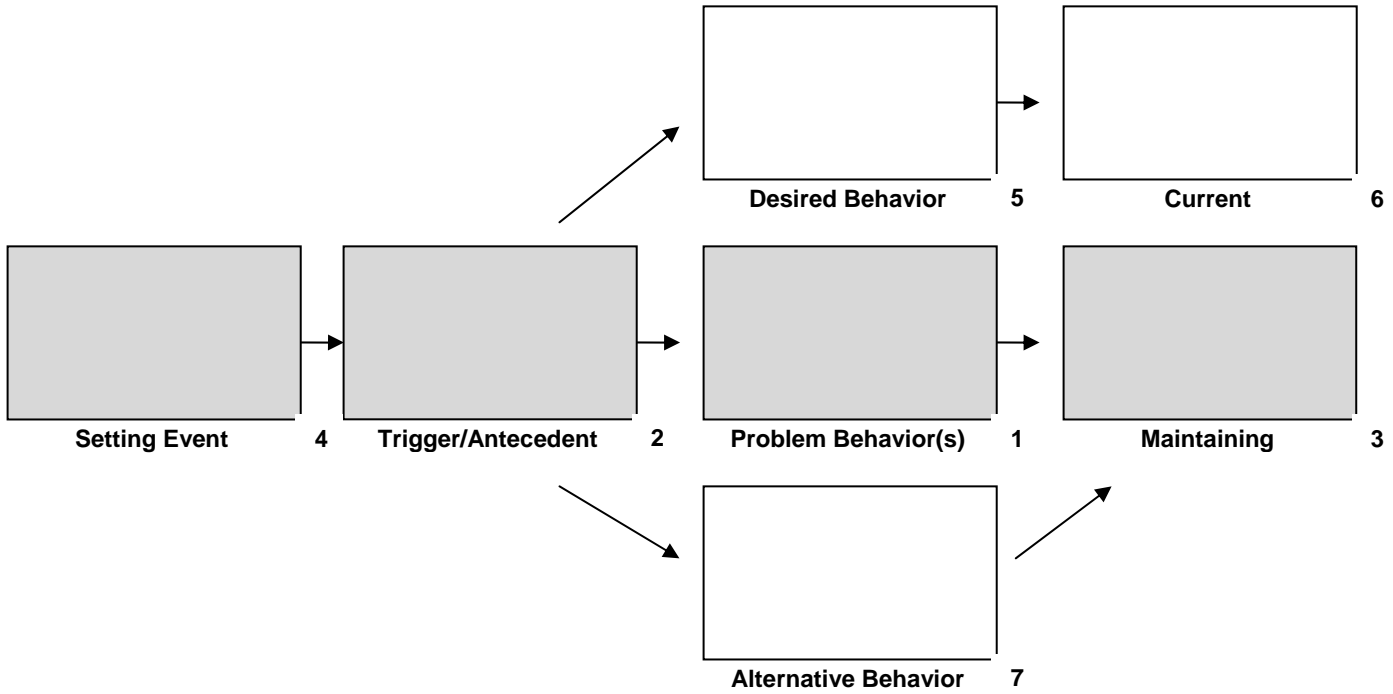
SECTION 8: Functional Behavioral Assessment and Behavior Intervention Plan

Student: _____ **Referred by:** _____ **Date:** _____

Student ID # _____ DOB: _____ Grade: _____ IEP: Y N

BIP Developed by (List all team members involved in building the intervention plan, circle team member who guided the meeting)

Competing Behavior Pathway (based on FBA completed _____ by _____)



1. Brainstorm possible elements of behavior support [Make problem behavior irrelevant, inefficient and ineffective].
2. Select those elements that are contextually appropriate for final plan.

[Make problem behavior irrelevant]

[Make prob. beh. inefficient]

[Make prob. beh. ineffective]

Setting Event Strategies	Antecedent Strategies Behavior	Teaching Strategies	Consequence Strategies
			Reward Extinction Correction (if needed) Safety (if needed)

Adapted by R. Horner March, 2008, C. Anderson, July 2007 from Todd, Horner, Sugai, & Colvin, 1999 Educational and Community Supports University of Oregon