|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA**  **DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**  17800 HIGHWAY 18 • APPLE VALLEY, CA 92307  (760) 552-6700 • (760) 242-5363 FAX  **SCIA Review of BIP** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | |  | | | | | | | | | | Date of Birth: | | |  | | | | | Age: | |  | |
| Disability: | |  | | | | | | | | | | | Grade: | | |  | | | | Gender: | Male | | | Female | | |
| School Site: | | |  | | | | | | | | | | | Program/Placement: | | | | |  | | | | | | | |
| General Education Teacher: | | | | | | | | | |  | | | | | | | Contact Phone: | | | | |  | | | | |
| Special Education Teacher: | | | | | | | | | |  | | | | | | | Contact Phone: | | | | |  | | | | |
| Behavior Case Manager: | | | | | | | |  | | | | | | | | | Contact Phone: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIRECTIONS:** The following information to be completed by the school site staff. Initial and date as items are completed. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the targeted behaviors in the Behavioral Intervention Plan (BIP)? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Yes | |  | | | No | | The request for SCIA is related to the identified targeted behaviors in the BIP. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | All interventions are developmentally appropriate for the student. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | BIP is written with enough clarity and detail for any new staff to understand and implement. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | All implementers have a copy of the plan. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | The BIP is being fully implemented. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | All implementers understand and/or have training in the strategies contained in the plan. | | | | | | | | | | | | | | |  |
|  |  | | | Yes | |  | | | No | | Behavior support for the plan is adequate. | | | | | | | | | | | | | | |  |
|  |  | | |  | |  | | |  | |  | | | | | | | | | | | | | | |  |
|  | The student is making progress in the targeted behaviors. Indicate supporting evidence (e.g., grades, rate of homework completion, duration of on-task behavior, frequency and quality of social interactions). | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Actions: | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | BIP is appropriate, and no modifications are needed | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | Revise BIP | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | Develop BIP | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | Additional staff training needed. Describe: | | | | | | | |  | | | | | | | | | | | | | |  |
|  |  | | |  | | | | | | | |  | | | | | | | | | | | | | |  |
|  |  | | | Other: | | |  | | | | | | | | | | | | | | | | | | |  |
|  |  | | |  | |  | | |  | |  | | | | | | | | | | | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |