**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: