

**BEHAVIOR INTERVENTION PLAN (BIP) REVIEW**

Student's Full Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Exceptionality: \_\_\_\_\_

Date of Original BIP: \_\_\_\_\_ Date of Review: \_\_\_\_\_

**Summary of the Review:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decision:**

Continue as Originally Written       Continue with Minor Modifications (made on current BIP)

Rewrite as Major Changes Needed       Discontinue

**Rationale:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IEP Committee Signatures:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____