

Kimberly School District  
Instruction  
Behavior Intervention Eligibility Checklist-2170P

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Case Manager \_\_\_\_\_

1. Behavior Displayed:

Behavior	Yes	No
Disruption		
Aggression		
Self-Injury		
Criminal		
Dangerous		

2. Developmental Disability Criteria Met: Yes \_\_\_\_\_ No \_\_\_\_\_

3. Eligibility Assessment Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Assessment Used: \_\_\_\_\_

4. FBA Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_

Assessment Used: \_\_\_\_\_

5. IEP Behavior Goals:


6. BIP Implemented Yes \_\_\_\_\_ No \_\_\_\_\_

Date BIP Implemented \_\_\_\_\_

Person Responsible for Implementation \_\_\_\_\_

7. BIP Progress Monitoring Data Attached Yes \_\_\_\_\_ No \_\_\_\_\_

Person Responsible for Progress Monitoring \_\_\_\_\_

8. Evidence of Behavior's Impact on Student Learning and/or Learning of Others Attached

Yes \_\_\_\_\_ No \_\_\_\_\_

Person Responsible \_\_\_\_\_

IEP Team Determination:

Student Meets Eligibility Requirements for Behavior Interventions Services Yes \_\_\_\_\_ No \_\_\_\_\_

Basis for Determination:

Student Will Receive Group Services Yes \_\_\_\_\_ No \_\_\_\_\_

Student Will Receive Individual Services Yes \_\_\_\_\_ No \_\_\_\_\_

Basis for Determination:

Description of Services Included in IEP Yes \_\_\_\_\_ No \_\_\_\_\_

Person Responsible \_\_\_\_\_

Plan for transitioning off behavior intervention services included in IEP: Yes \_\_\_\_\_ No \_\_\_\_\_

Person Responsible \_\_\_\_\_

\*\*\*If the IEP team determines that the student meets eligibility criteria for behavior intervention services, a complete description of the services including all relevant information for delivery of services must be included in the IEP.\*\*\*