

L.E.A.S.E
Behavior Intervention Plan

Name of Student:

Date of Birth:

Date:

Case Manager:

Target Behavior:

Expected Outcome(s) Goal(s)	Intervention(s) Frequency of Intervention	Person Responsible	Goal/Intervention/Evaluation Review Notes

Method of Evaluation	Frequency	Comments:
<input type="checkbox"/> Daily Chart		
<input type="checkbox"/> Log		
<input type="checkbox"/> Observation/Judgment		
<input type="checkbox"/> Work Samples		
<input type="checkbox"/> Anecdotal		
<input type="checkbox"/> Other		

Expected Review Dates:						
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