

Scholar Behavior Intervention Support Plan Agreement



Jackson Public School District

TO: SCHOLAR AND PARENT/GUARDIAN

_____ will begin this agreement on this date: _____
[Name of Scholar] [Date]

To help in assuring his/her success as outlined in his/her **Behavior Intervention Support Plan (BISP)**. This agreement will be used in determining their future as a scholar at: _____

[Name of School]

GOALS FOR SCHOLAR:

- | | | |
|---|---|---|
| <input type="checkbox"/> Be self-motivated | <input type="checkbox"/> Regulate my own behavior | <input type="checkbox"/> Act respectfully to peers |
| <input type="checkbox"/> Be prepared for learning | <input type="checkbox"/> Speak respectfully to peers | <input type="checkbox"/> Act respectfully to adults |
| <input type="checkbox"/> Adhere to school & class schedules | <input type="checkbox"/> Speak respectfully to adults | <input type="checkbox"/> Respect school & district property |
| <input type="checkbox"/> _____ | | |
| <input type="checkbox"/> _____ | | |

SUPPORT & RECOGNITION IF (DAILY, WEEKLY, MONTHLY, ETC.) BISP GOALS ARE MET:

1. _____
2. _____
3. _____
4. _____

CONSEQUENCES IF BISP GOALS ARE NOT MET:

1. _____
2. _____
3. _____

Special Note: The positive support and recognition as well as consequences mentioned above are null and void if scholar commits an act that would require a suspension and/or expulsion. This will be determined by school policy and the school administration.

By signing this agreement all parties agree to the stipulations in the BISP and this document and will follow accordingly. The following agreement will be reviewed by the scholar, parent/guardian, counselor and principal on the following date and time.

Date: _____ Time: _____

Scholar Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Interventionist Signature: _____	Date: _____
Counselor Signature: _____	Date: _____
Principal Signature: _____	Date: _____