PBIS/Emergency Intervention Plan

Peer Review

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| --- | --- |
| Student: Click here to enter text.  Peer Reviewer: Click here to enter text. | EIP Date: Click here to enter text.  PBIS Plan Date: Click here to enter text. |

1. The background information if adequate.

   Yes    No

Comments:

Click here to enter text.

2. The functional behavior assessment appears adequate.

   Yes    No

Comments:

Click here to enter text.

3. The PBIS plan appears adequate.

   Yes    No

Comments:

Click here to enter text.

4. The data collection and review procedures are adequate.

   Yes    No

Comments:

Click here to enter text.

5. Do the procedures proposed in the Emergency Intervention Plan appear appropriate and safe?

   Yes    No

Comments:

Click here to enter text.

Signature: Click here to enter text. Date:Click here to enter text.