TOMS RIVER REGIONAL SCHOOLS

Share the Vision!

HIB Intervention Plan

School:

Report #: Date of Incident:

☐ Committed HIB-related behavior

Student Name

☐ Victim of an HIB-related behavior

Brief description of incident:

Name of person(s) responsible for this intervention plan:

Date	Intervention / Plan	Progress	Staff member responsible for intervention
		(include frequency/ duration of follow-up meetings)	
	Parent contact(s)		
	Individual counseling		
	Other		
Note any locations/situations requiring special observation/monitoring			