**Positive Behavior Support Plan**

|  |
| --- |
| **Type of Plan:** Individual Child Plan [ ]  Classroom Plan [ ]  Interventions [ ]  |
| Center: Current Classroom: Date:  |
| **If this is an Individual Child Plan or Interventions please complete:** Child’s Name: DOB:Parents Name:  |
| **Areas of Support needed** (more than one can be marked): [ ] Classroom Environment [ ] Classroom Routines [ ] Maintain Hands/Feet/Body to Oneself[ ] Teacher Practices [ ] Family Situation [ ] One to One/Close Proximity[ ] Transitions [ ] Appropriate Language Usage [ ] Staying in Assigned Setting[ ] Adaptive Skills [ ] Impulse Control [ ] Other: |
| **Purpose of Plan:**   |
| STRATEGIES APPLIED: | PURPOSE: | PERSON RESPONSIBLE: |  NOTES/COMMENTS:  | IS THERE FOLLOW - UP NEEDED? |
|  |  |  |  |  |
| **Staff Signatures:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **If this is an individual plan or if the parent requested interventions, then a parent signature is required:****Parent Signature:****DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |