**Positive Behavior Support Plan**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |