Name of student: Date :

School:

Grade:

Teacher:

Support Team:

Parents:

Student Strengths:

Behavior Statement/Goal:

Targeted Challenging Behaviors:

Function of the Behavior:

911 /Warning Signs:

Prevention Strategies:

Skills Necessary to Engage Appropriate Replacement Behaviors:

Teaching Methods Used:

Extinguishing/Consequences Management:

Crisis/Safety Plan:

Behavior Documentation/Progress Monitoring Methods:

Date Plan will be implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to one year)

Plan will be Reviewed and Revised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Review/Revision: (Persons involved)

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