



Behaviour Plan

Name:	Date of Birth (y/m/d):
School:	Grade:
Teacher:	Phone:

Description of Interfering Behaviour

Triggers of Interfering Behaviour

Perceived Function of Behaviour

Attention	Escape	Tangible	Sensory
<input type="checkbox"/> Adult Attention	<input type="checkbox"/> Demand/request	<input type="checkbox"/> Desired item/activity	<input type="checkbox"/> Input
<input type="checkbox"/> Peer Attention	<input type="checkbox"/> Task/Activity	<input type="checkbox"/> Control of Environment	<input type="checkbox"/> Escape
	<input type="checkbox"/> A person	<input type="checkbox"/> Control of person	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Setting/Classroom	<input type="checkbox"/> Get a break	

Identification and Development of Lagging Skills (e.g. ABA or Ross Greene)
(Measurable Goal to be placed in IEP in Program Area "Alternative", "Behaviour")

Teaching Protocol

<input type="checkbox"/> Calm, quiet voice	<input type="checkbox"/> Relaxed body posture	<input type="checkbox"/> First/Then Board	<input type="checkbox"/> Offer a break
<input type="checkbox"/> Sensory Room/Activities	<input type="checkbox"/> Task/Activity		
<input type="checkbox"/> Reminder to use strategies such as "How is My Engine Running?", "Stop and Think"			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consequences for Continuing to Exhibit Interfering Behaviour

Current Agencies/Outside Professionals Involved

Team Members

Name	Position	Signature
_____	Classroom Teacher	_____
_____	Educational Assistant(s)	_____
_____	Early Childhood Educator	_____
_____	Principal	_____
_____	Special Education Staff	_____
_____	Parent(s)	_____
_____	Agency	_____
_____		_____
_____		_____

Original Plan Developed:
Behaviour Plan to be reviewed as necessary.
Revision Date: