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Initial

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Follow-Up

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Annual Review

Written Behavior Plan

Date: __/__/__

Center/Room: _____

Child's Name: _____ Date of Birth: __/__/__

Parent(s): _____

Previous interventions:	Current concerns:
<input type="checkbox"/> Increase sleep/ night time routine <input type="checkbox"/> 1:1 time with parents <input type="checkbox"/> Limit screen time <input type="checkbox"/> Setting limits/ consequences <input type="checkbox"/> Doctor appointment/developmental testing <input type="checkbox"/> Speech referral <input type="checkbox"/> Public school/ Sooner Start referral <input type="checkbox"/> Parent meetings/ spend time in classroom <input type="checkbox"/> Counseling Referral <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Low attendance/ coming late <input type="checkbox"/> Tired/sleepy/ doesn't eat well <input type="checkbox"/> Low participation in activities <input type="checkbox"/> Melt-downs <input type="checkbox"/> Running away <input type="checkbox"/> Physical aggression (kick, bite, hit) _____ <input type="checkbox"/> Language/cursing <input type="checkbox"/> Speech/developmental delay/ health issue <input type="checkbox"/> Other: _____ _____
Action Steps	

Parent/ Guardian:

Teacher/Staff:

Signatures

- ☐ If a child's behavior is physically aggressive (harmful/destructive to self and/or others) the parent will be contacted to come and provide parental supervision in the classroom-due to the child's unsafe behavior.

Parent(s): _____ Date: _____

Teacher: _____

Supervisor/Director: _____

Mental Health/Disabilities: _____

Follow-up team meeting: Date _____/_____/_____ Time: _____