

Behavior Support and Action Plan

Child’s Name: _____ Date: _____ Center: _____ AM/PM/Full Day

Present: _____

Child’s Strengths/Interests?	What is the concerning behavior?	What might be the reasons for the behavior? What Needs might the child have?	What has been done so far to support the child, parent, or staff?

Agreements:			
Information Discussed Today:	Classroom Action Plan:	Home Action Plan:	Follow-up dates:
	<p>New skills to develop:</p> <p>Strategies to support development of new skills:</p> <p>Response when child exhibits the concerning behavior:</p> <p>Response when child exhibits new desired skills:</p>		
Signatures of those in attendance:			
Parent(s):	Supervisor/Teacher:	Manager:	Date:

Behavior Support and Action Plan

First Follow Up:	Working/Not Working/In Progress:	Signatures:
		<div>Parent(s)Date</div> <div>Supervisor/TeacherDate</div> <div>ManagerDate</div>
Second Follow Up:	Working/Not Working/In Progress:	Signatures:
		<div>Parent(s)Date</div> <div>Supervisor/TeacherDate</div> <div>ManagerDate</div>
Third Follow Up:	Working/Not Working/In Progress:	Signatures:
		<div>Parent(s)Date</div> <div>Supervisor/TeacherDate</div> <div>ManagerDate</div>