

BEHAVIOR SUPPORT PLAN

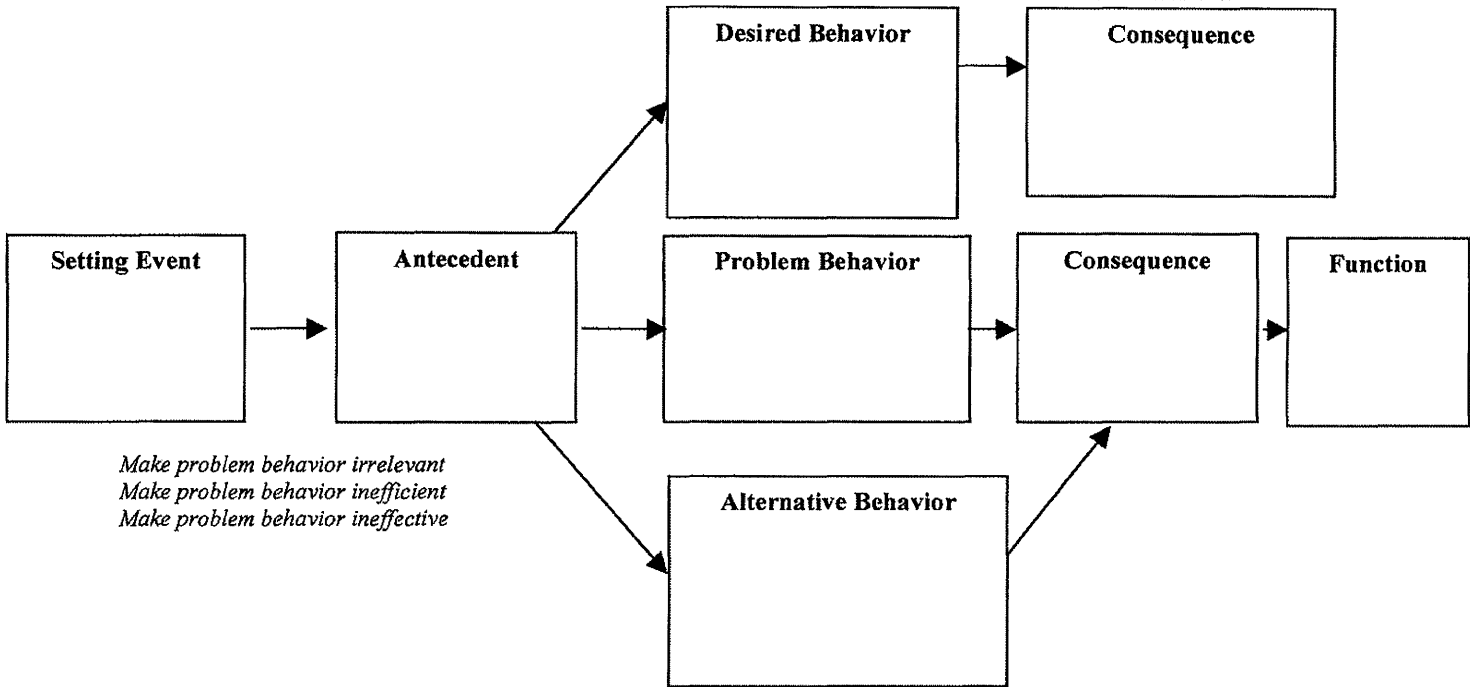
Student Name: _____

Date: ____ / ____ / ____

School: _____

Classroom Teacher: _____

BEHAVIOR SUPPORT PLAN: COMPETING BEHAVIOR PATHWAY WORKSHEET



List of Possible Strategies...

<i>Preventative: What environmental adjustments will be used to make the student's problem behavior unnecessary?</i>		<i>Educative: What skills will be taught to replace or meet the same function as the student's problem behavior and improve his or her ability to function more effectively?</i>	<i>Functional: How will consequences be managed to insure the student receives reinforcers for positive behavior, not problem behavior?</i>
Setting Event Strategies	Antecedent Strategies	Behavior Teaching Strategies	Consequence Strategies

BEHAVIOR SUPPORT PLAN: ACTION PLAN

Component	Procedure
<p><u>Prevention:</u> <i>What environmental adjustments will be used to make the student's problem behavior unnecessary? (Make problem behavior irrelevant)</i></p>	
<p><u>Teaching:</u> <i>What skills will be taught to replace or meet the same function as the student's problem behavior and improve his or her ability to function more effectively? (Make problem behavior inefficient)</i></p>	
<p><u>Extinction:</u> <i>How will rewards be minimized for problem behavior? (Make problem behavior ineffective)</i></p>	
<p><u>Reinforcement:</u> <i>How will rewards for desired behavior be increased or improved?</i></p>	
<p><u>Punishment:</u> <i>Socially appropriate, aversive event delivered contingent upon problem behavior (only used if needed)</i></p>	
<p><u>Safety:</u> <i>Ensure safety of all (what to do in dangerous situations) (if needed)</i> <i>*If emergency behavior management procedures are necessary, attach safety plan as separate sheet.</i></p>	
<p><u>Reading Skill:</u> <i>Is there a skills deficit in the area of reading? If so, how will the reading skill deficit be addressed?</i></p>	

Behavior Support Plan: Intervention

Intervention Letter	Target Behavior	What is done	Who does it	How Often
A				
B				
C				
D				

Behavior Support Plan: Evaluation

Intervention Letter	Date of Review										
Is Plan Being Implemented? <ul style="list-style-type: none"> • Fully • Partially • Not Implemented 	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N	<input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/> N
Is Plan Making a Difference? <ul style="list-style-type: none"> • Yes • No 	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Evaluation Decision <ul style="list-style-type: none"> • Continue • Modify • Discontinue 	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D	<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> D