

STUDENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

**The Positive Behavior Management Plan we follow with your student at school:**

- Targets 3 behaviors at a time
- Considers possible reasons your student may engage in the behavior
- Sets a plan for how all staff address the behavior, and suggests you follow the same plan at home

A Positive Behavior Management Plan will work best when everyone who interacts with the student is consistent with their response to challenging behaviors.

**Please follow this plan to the best of your ability, then fill in the bottom 3 rows and return the form by:**

Tomorrow    
  By the end of this week    
  By the beginning of next week    
  \_\_\_\_\_

	BEHAVIOR #1	BEHAVIOR #2	BEHAVIOR #3
Description of behavior			
Typical time and location behavior happens			
Typical precursors to behavior			
Possible reasons the student engages in the behavior			
What response do we all plan to use when the behavior happens			
If a different response was used at home, what was it?			
Additional notes on how the behavior happens at home which may be helpful to adjusting the plan if we need to			
Notes on additional home behaviors of concern			