Behaviour Support Plan Template

Positive Behaviour Support Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Name of child: |   | Name of setting: |   |
|  |  |  |  |
| Start date of plan: |   |
|  |  |
| Behaviour we want to change: |
|   |
|  |
| Identified Triggers | Identified Warning Signs |
|    |   |
|  |
| Function of the behaviour: |
| Escape [ ]  Tangible [ ]  Sensory [ ]  Attention [ ]   |

|  |
| --- |
| **Primary Prevention Strategies – Green to be happy and calm** |
| 1. Strategies to eliminate or reduce triggers |
|    |
| 2. Strategies to replace the behaviour to achieve the same outcome |
|    |
| 3. How you will reward positive behaviour |
|    |

|  |
| --- |
| Secondary Prevention Strategies and also to use following crisis – Amber for reducing anxiety |
|    |

|  |
| --- |
| Non-restrictive Reactive strategies - Red for keeping the child and others safe |
|    |

|  |
| --- |
| Outcome you are hoping for (Consider how much you would like to reduce or eliminate the behaviour) |
|    |
| **People who have contributed and agreed this plan (Parent/carers and/or other professionals)** |
|    |
| **How often you review this plan** |
|    |

|  |
| --- |
| Review Record |
| Date | Has the behaviour reduced in line with your planned outcome? Yes/No | Is the review in response to an incident?Yes/No | What adjustment have you made to the plan? | Name of person reviewing |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |