

Individual Behavior Support Plan

Student Name: _____

Grade: _____

Program: _____

Date Developed: _____

Problem Behavior (state behavior in specific, observable terms):

Function of the Behavior (what need are they trying to meet: state your hypothesis—to **get/obtain** or **avoid/escape/protest**):

Desired Behavior (state what pro-social behaviors you would like the student to do that will replace the problem behaviors and meet their needs):

1. _____

2. _____

3. _____

4. _____

Strategies/Support to be Provided (Identify the specific people, times, and places where support will be provided):

1. _____
2. _____
3. _____
4. _____

Positive Incentives (state what incentives—privileges, preferred activities, small items—the student will earn for displaying the desired behaviors):

Procedures for Managing Inappropriate Behavior (if the student continues to display the problem behaviors, what are the corrective strategies or corrective consequences, list the specific people responsible for ensuring the corrective consequences are delivered):

We agree to the conditions of this plan:

Student Date

Parent/Guardian Date

Program Facilitator Date

Staff Member Date

Staff Member Date

Staff Member Date

This plan will be reviewed on:
