Head Start Behavior Support Plan/ Safety Intervention Plan

Student Name:____ Date of Birth: ___________________________

Family Education Specialist/Classroom:______________________________________Date:_____________________

Specialist Working With Child: (e.g. Behavioral Specialist, Physical Therapist): ________________________________

Description of Concerning Behavior(s):

Has a Behavioral Assessment Form been completed and is on file? Yes ☐ No ☐

Is this plan a result of implementing a Safety Intervention Plan? Yes ☐ No ☐

Previous interventions attempted:

Desired positive alternative behaviors/behavioral goals(s):

Alternative staff strategies for classroom implementation/methods for teaching new behaviors:

Parent input/strategies for home-to-school:

Reevaluation/monitoring date:_____________________________

Signatures of attendees:

Name ____________________ **Title:** _____________**Date:**_____________

Name ____________________ **Title:** _____________**Date:** _____________

Name ____________________ **Title:** _____________**Date:** _____________

Name ____________________ **Title:** _____________**Date:** _____________

WEST CENTRAL MINNESOTA
Communities Action

Behavior Support Plan Progress

Student Name:_______________________________________ Date of Birth: __________________________

Family Education Specialist/Classroom:__________________________________Date: _______________________

Specialist Working with Child (e.g. Behavioral Specialist/Physical Therapist): ___________________________________

Description of Concerning Behavior(s):

What interventions have been attempted?

What interventions have been successful?

Child has met the behavior goal(s) of this plan: Yes ☐ No ☐

Next strategies and methods to pursue:

Parent input/strategies for home-to-school:

Reevaluation/monitoring date: _________________________

Signatures of attendees:

Name:________________________________ Title:________________________ Date:______________

Name:________________________________ Title:________________________ Date:______________

Name:________________________________ Title:________________________ Date:______________

Name:________________________________ Title:________________________ Date:______________