

# Positive Behavior Support Plan

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Desired Behaviors:**

- 1.
- 2.
- 3.

**Intervention Strategies (school, home, community):**

- 1.
- 2.
- 3.

**Skills to be Taught:**

- 1.
- 2.
- 3.

**Positive Incentives:**

- 1.
- 2.
- 3.

**Procedures for Managing Inappropriate Behavior:**

- 1.
- 2.
- 3.

**Safety Support Plan (if necessary):**

- 1.
- 2.

Student: \_\_\_\_\_ Administrator: \_\_\_\_\_

Teacher: \_\_\_\_\_ Other: \_\_\_\_\_

Parent: \_\_\_\_\_