**Behaviour Management Plan**

*(This is an interim document. There have been minor updates to terminology and an Informed Parent/Guardian Section included. The process for implementing Behavior Management Plans is under review by the Department of Education and Early Childhood Development.)*

Student: Click here to enter text. Date of Birth: Click here to enter text.

School: Click here to enter text. Grade: Click here to enter text. Teacher: Click here to enter text.

Date: Click here to enter text.

**1. Functional Behavioural Assessment Section**

**A. Required section**

 **Check the boxes when each is completed**

[ ]  Relevant files reviewed and applicable information shared with appropriate school staff. Please include a file summary below **in point form** (e.g., medical diagnoses, earlier assessments, discipline records, attendance, academic records, various academic supports, supports outside of school, etc…).

Click here to enter text.

Interviews Place in envelope in student’s confidential file (dates)

Functional Assessment Interview (parent) Click here to enter text.

Functional Assessment Interview (teacher) Click here to enter text.

Student Directed Functional Assessment Interview Click here to enter text.

[ ]  Anecdotal **Place in envelope in student’s confidential file** (Dates of direct observation) Click here to enter text.

**B. Supplemental information section (optional)**

 Dates of direct observation Click here to enter text.

You may supplement observations with one or more of the following:

[ ]  ABC observation Click here to enter text.

[ ]  Event (frequency count) Click here to enter text.

[ ]  Duration Click here to enter text.

[ ]  Interval (scatterplots) Click here to enter text.

[ ]  Problem Behaviour Questionnaire (specify respondents, dates) Click here to enter text.

[ ]  Behaviour Inventories (dates) (e.g., Conners, BASC, …) Click here to enter text.

[ ]  Setting Goals for Professional Growth (Teacher Self Analysis) (date) Click here to enter text.

**Student Name:** Click here to enter text. **Staff Copy:** Click here to enter text.

**2 A. Competing Behaviour Process -** each staff member involved must have a copy of this page

 **(Please attach additional pages for each current behaviour)**.

**(**Please place in confidential file)

**Current behaviour:**

**Function of Behaviour**

To obtain

Click here to enter text.

To avoid

Click here to enter text.

**Consequence (What happens immediately after)**

Click here to enter text.

**Behaviour (Be Specific)**

Click here to enter text.

**Antecedent (Trigger)**

Click here to enter text.

**Replacement behaviour:**

**Consequence (What happens immediately after)**

Click here to enter text.

**Replacement Behaviour**

**(Be Specific)**

Click here to enter text.

**Antecedent**

**(Same as Above)**

Click here to enter text.

|  |
| --- |
| Once the above listed current and replacement behaviours are finalized, please complete the following table. Ensure the three Cs (helping students feel connected, capable and contributing) are addressed. |
| **Strategies /Interventions****(prior to, during, and following the behaviour)****TO BE USED BY ALL SCHOOL PERSONNEL WHO INTERACT WITH THE STUDENT** | **Evaluation Methods/ Tools** (e.g., needs of ISSP, anecdotal reports, teacher observations, event recording, report cards) |
| **Classroom Strategies:**(e.g., accommodations/ instructional, environmental, assessment, learning resources, 3 Cs) | Click here to enter text. |
| Click here to enter text. |
| **Behaviour Strategies:**(e.g., alternate programs, learning outcomes, 3C’s, etc.) | Click here to enter text. |
| Click here to enter text. |
| **Motivation Strategies/Reinforcers:**(e.g., contact teacher, token system, gotcha cards, breaks, teacher praise, 3 C’s) | Click here to enter text. |
|  |

**C. Response Protocol Section** for running, injurious, or escalating behaviours (if applicable) **-** Each staff member involved must have a copy of this page

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Settings** (e.g., classroom, bus,...) | **Response**(the # of steps will reflect the intensity of the behaviour/ response) | **Who** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| T - Teacher(s) EP - Educational Psychologist, P -Parent(s)/Guardian(s)SS - Special Services Teacher GC – Guidance Counsellor SA -Student Assistant AD – AdministrationO-Other Click here to enter text. |

**Summary Checklist**

* Relevant student information and BMP strategies have been reviewed with appropriate staff (e.g., classroom teacher, student assistant, administration and office personnel).
* This plan will be reviewed and strategy effectiveness evaluated using observation (Anecdotal, ABC, Event, Interval, or Duration) every 3 weeks or at the end of the school cycle (i.e., at the end of the 14 day school schedule).
* Insert review dates:

Click here to enter text.

* The parent/guardian has been informed of the interventions in this plan
	+ Informed by: Click here to enter text. Date: Click here to enter text.

**EACH STAFF MEMBER INVOLVED MUST HAVE A COPY OF PAGE 2 AND 3**