



Palliser Regional Schools

Palliser Centre

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Individual Behaviour Support Plan

School _____ Phone _____

Name of student _____ Age _____ Grade _____

Coordinating Staff _____ Code (if applicable) _____

Diagnosis (es) _____

Other Medical issues _____

Objective of Plan

Staff working with _____ will be aware of and committed to using behavior support procedures to maintain a safe learning environment for _____, other students and staff.

Staff working with _____ will read and sign this plan.

Specific Behavior Concern(s):

List Specific Behaviours (e.g. Aggression, Off Task, Calling Out. . . .)

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Key understandings about _____

Function of problem behaviour (e.g. Attention, Avoiding Unpleasant Situations . . .)

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Student's **strength/interests**:

--

Student is **motivated** by:

--

Be aware of **antecedent events**. Problem behaviour is most likely to occur when:

List Specific Antecedents and/or Triggers

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Be aware of **warning signs** that problem behaviour may escalate:

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Immediate **plans to defuse** the situation:

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Positive behaviour supports throughout the school year:

Specific strategies to develop and maintain positive behaviours to replace problem behaviours

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Help peers learn to:

Staff will provide **additional support** by:

Crisis Management Plan. If aggressive or unsafe behavior occurs in spite of proactive strategies, the school has a plan, with steps to take and staff responses for each level of escalation:

I have read this plan and commit to using these supports when working with _____.

Name	Signature	Email
Parents		
Principal		
Teacher (s)		
Learning Assistant		
LST		
FSL		
Behavior Specialist		
Other		

Date _____ Next review date _____