
Behavioral Concerns Observations: Review and Analysis

Date: _____

Child: _____

Age: _____

Teacher(s): _____

Behavior: _____

Information Gained through Observations

When and where does the behavior occur?

How often does the behavior occur?

Who else is involved?

What happens before? (antecedent)

What does the child do and say? (behavior)

How do other children respond? (consequence)

How do the teachers respond? (consequence)

What seems to be the goal of the behavior?

Information Gained from Other Sources (e.g., colleagues and family members)

Does the child use this or other challenging behaviors at home?

Did something happen at home that might be contributing to the child's behavior?

Did something happen at the program that might be contributing to the child's behavior?

Individual Positive Behavior Support Plan

Date: _____ Behavior: _____

Child: _____ Age: _____

By signing this form, I agree to the implementation of this Plan:

Parent's Signature: _____

Teacher(s) Signature: _____ CDA Signature: _____

Planned Changes to Reduce the Use of this Challenging Behavior

Our Goals for _____

Our Expectations of _____

Environment (classroom arrangement, outdoor play areas, materials and equipment)

Daily Program (schedule, routines, and transitions)

Activities and Experiences

Supportive Interactions

Partnerships with Families

Individual Positive Behavior Support Plan (continued)

Planned Changes to the Consequences of this Challenging Behavior

Response of Children

Response of Teachers

The Child's Experiences

Strategies for Teaching an Appropriate Substitute Behavior

Program

Home

Plan for Addressing Contributing Factors for the Challenging Behavior

Program

Home

Communication Between Home and Program (Include who, how, and when.)

Date when teachers and family will review child's progress: