

STUDENT NAME	BIRTH DATE	DATE
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◆ **LIST, IN RANK ORDER, THE CHALLENGING BEHAVIORS TO BE ADDRESSED:**

1. _____	3. _____
2. _____	4. _____

◆ **MODIFICATION OF THIS STUDENT'S SCHEDULE AND/OR PHYSICAL ENVIRONMENT TO DECREASE THE LIKELIHOOD OF THE CHALLENGING BEHAVIORS** (Refer to the descriptions of the student's Strength Areas, Positive School-Based Situations and Student's Learning Style.)

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◆ **PREVENTION MEASURES:**

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**REINFORCEMENT PLAN (good behaviors):**

DESIRED BEHAVIOR (specify what behavior and for how long student must demonstrate it)	REINFORCER	PERSON RESPONSIBLE	SCHEDULE OF REINFORCEMENT

**INTERVENTION PLAN (i.e., how to respond when challenging behaviors occur):**

**TARGET CHALLENGING BEHAVIORS # \_\_\_\_\_**  
(Refer again to the rank ordered list of challenging behavior)

ESCALATION	DESCRIBE THE CHALLENGING BEHAVIORS AT THIS LEVEL	STAFF RESPONSE/ CONSEQUENCES
MILD		
MODERATE		
SEVERE/ CRISIS		

*Use as many of these sheets as necessary to address all of the prioritized challenging behaviors.*

Date	Person Responsible	Review Notes