***Individual Behaviour Plan (To be used in conjunction with a School Behaviour Policy)***

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| --- | --- | --- | --- | --- | --- |
| Student Name | DOB: | Year | Principal | School | Start date: Review date:  |
| Student Support Team/Role: | Student Support Advisor/Invited Specialist: | Method of Assessment/dataSchool keep records on attendance, participation and behaviour incidents.  |
| ***Baseline Information*** | ***Strengths*** | ***Triggers*** |
| ***Goals*** | ***Assessment*** | ***Review (How did it go?) Date:***  |
| **Learning Outcome:** **Condition:** **Criteria:**  |  |  |
| **Learning Outcome:** **Condition:** **Criteria:**  |  |  |
| **Learning Outcome:** **Condition:** **Criteria:**  |  |  |

***Outcome of Review:***

* Continue/Modify Student Support Plan
* Requires intensive specialist support – complete Support Service Request form

Recommendations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Positive Support Strategies** | **Description/Steps** | **Resources** | **Who?** | **When?** |

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**Other strategies that have been put in place:**

**Signatures**

Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Support Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_