Positive Behavior Intervention and Support Action Plan

| Child's | Name: | Date: | |
|---------------|-------|-----------------|--|
| Age of Child: | | Classroom Name: | |

| Presenting Behavior(s) | Suggestions Made by PBIS | Support Needed | Action/Goal Setting | Follow-up Results |
|---|--|--|---|---|
| (include strategies that have already been implemented) | team (consider for child, teacher, parents, classroom, and center) | (from PBIS team/Admin) | (consider for child, teacher, parents, classroom, and center) | |
| Complete before/during PBIS Meeting | Complete during PBIS Meeting and then share with Teaching Team | Complete during PBIS Meeting and then share with Teaching Team | Discuss and complete with Teaching Team | Discuss and complete with Teaching Team and bring to next PBIS Meeting |
| | | Immediate Action Required Observation Request PBIS Team/Admin Support (please list) Outside Services Other Resources (please list) | Child: Teachers: Parents: Classroom: Center: | No additional support needed at this time Monitoring/data collection Observation Request PBIS Team/Admin Support (please list) Outside Service Request Functional Assessment Data Collected Create a Behavior Support Plan Set up Meeting with Parents |
| | | | | |