

BEHAVIOUR MANAGEMENT PLAN

The System of Federal Schools is committed to providing a positive, mutually respectful and safe student focused environment which promotes the learning of skills, knowledge and attitudes necessary for life-long learning.

STUDENT INFORMATION		
Student:	D.O.B. (MMDDYYYY)	Exceptionality:
Grade:	Date Created:	
School:	Date Revised:	<input type="checkbox"/> Original <input type="checkbox"/> Revised

PARTICIPANTS IN DEVELOPMENT OR REVISION OF THE BEHAVIOUR MANAGEMENT PLAN		
Federal School Staff	Position	Crisis Intervention Training (BMS/NVCI)
Community Agency Supports (as agreed to by Parents)		
Parents		
		Phone:

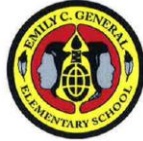
REASON FOR DEVELOPING A BEHAVIOUR MANAGEMENT PLAN	A brief description of the most recent incidents
<ul style="list-style-type: none"> ➤ ➤ ➤ 	

GOAL	
-to develop an consistent and cooperative approach to reducing and managing physical and verbal aggression and/or other violent behavior at school.	
<ul style="list-style-type: none"> ➤ 	
HEALTH AND DIAGNOSIS INFORMATION	A description of any relevant health issues or diagnosis ie identification
<ul style="list-style-type: none"> ➤ 	



STUDENT STRENGTHS AND INTERESTS	Provide an list of skills and interests that the student has that can be used to reinforce pro-social behaviour
➤	
OBSERVABLE BEHAVIOUR CONCERN	List of the types of observed behavior in a crisis
➤	
ANTECEDENTS	What circumstances precede a crisis: behaviours, activities, location,
➤	
PREVENTION	strategies that promote pro-social behaviour or reduce situations that escalate behaviour
➤	
CONSEQUENCES	Refer to the Safe and Caring Schools policy
➤	
PEOPLE INVOLVED WITH THE BEHAVIOUR PLAN	List of all people who need to be aware and informed of this behavior plan
➤	

REVIEW INFORMATION	
Time:	
Location:	



SIGNATURES

This behavior plan shall be signed and dated by the principal, the teacher, the parent/guardian and the student (if appropriate). All other parties who have a role in this plan, or who may need to be informed and aware of this plan, shall initial and date this document to indicate their awareness of the plan.

Principal: _____ Date: _____

Teacher: _____ Date: _____

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

Others: