

# Positive Behavior Support Plan

## Client Information:

Name:

Age:

Gender:

Diagnosis/Condition:

Date of Plan Development:

## Behavioral Assessment:

1. Target Behavior:

2. Antecedents:

3. Consequences:

4. Function of Behavior:

## Strengths and Preferences:

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## Replacement Behaviors:

1. Desired Behavior:

2. Teaching Strategies:

3. Environmental Modifications:

## Support Strategies:

1. Positive Reinforcement:

2. Visual Supports:

**3. Communication Strategies:**

**Crisis Intervention Plan:**

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**Implementation and Monitoring:**

**1. Responsibility:**

**2. Data Collection:**

**3. Review and Adjustments:**

**Family/Caregiver Involvement:**

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**Emergency Contacts:**

- Parents:
- Therapist:

**Plan Review Date:**

**Therapist Name and Signature:**

**Date Signed:**