

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: