

Positive Behavior Support Plan

Client information	
Name:	Age:
Gender:	Date:
Diagnosis (if any):	
Primary support system:	
Name:	Relationship:
Contact:	
Name:	Relationship:
Contact:	
Behavioral assessment	
1. What is the challenging behavior(s)?	
<i>Clearly describe the behavior(s) of concern.</i>	
2. What are the observable triggers or antecedents?	
<i>Describe events or conditions that typically precede the behavior(s).</i>	
3. What are the consequences of the behavior?	
<i>Describe what typically happens immediately after the behavior</i>	
4. What is the function of the behavior?	
<i>Describe the perceived purpose/function of the behavior.</i>	

Goals**Short-term goals:**

Clearly define measurable and realistic short-term goals related to the target behaviors.

Long-term goals:

Define the overarching, long-term objectives for the individual's development and behavior improvement.

Strengths

What does the client do well that can be encouraged or built upon?

What positive behaviors or skills does the client already demonstrate?

What motivates or engages the client effectively?

Intervention strategies

This section provides a framework to develop a person-centered, strength-based intervention plan. Address triggers and teach constructive alternatives while building on the individual's strengths.

Environmental modification:

Describe how the environment can be modified or reduce triggers to decrease the occurrence of the challenging behavior.

Replacement behaviors	How can the replacement behavior be encouraged?	Monitoring and feedback
<i>Describe alternative behaviors.</i>	<i>Describe methods to encourage the replacement behaviors. E.g. positive reinforcement, modeling, and visual prompts</i>	<i>Explain how progress will be tracked (e.g., daily logs, observation checklists).</i>

Action plan		
State	Indicators	Actions
Proactive	<i>What behaviors indicate the individual is calm and ready to engage?</i>	<i>What steps can you take to maintain engagement and prevent escalation?</i>
Active (de-escalation)	<i>What subtle signs show the individual is becoming anxious or dysregulated?</i>	<i>What actions can help de-escalate the situation?</i>
Reactive (crisis)	<i>What behaviors indicate the individual is at a crisis point?</i>	<i>What immediate steps ensure safety and stabilize the situation?</i>
Recovery	<i>What behaviors show the individual is calming down and ready to re-engage?</i>	<i>What actions support reflection and reintegration into activities?</i>

Additional notes

Plan review date:

Name:

Signature: