

**SOUTH SHORE REGIONAL SCHOOL BOARD**

**POSITIVE BEHAVIOUR SUPPORT PLAN**

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Individuals involved in developing the PBSP: \_\_\_\_\_

\_\_\_\_\_

Student Strengths: \_\_\_\_\_

\_\_\_\_\_

Learning Style:
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General Behavioral Needs: \_\_\_\_\_

\_\_\_\_\_

Context of Behavior (i.e. possible contributing factors):

\_\_\_\_\_

\_\_\_\_\_

<b>Specific Targeted Behavior(s)</b>	<b>Strategies &amp; Supports</b>				
	<b>Environmental</b>	<b>Teaching</b>	<b>Description of Consequences</b>		<b>Personnel</b>
			<b>Positive</b>	<b>Negative</b>	

How will the Behaviour Management Plan be evaluated?

- Attendance
- Student Report
- Communication Log
- Teacher Report
- Academic Achievement
- Behaviour Tracking Forms
- Other (explain) \_\_\_\_\_

Review Date: \_\_\_\_\_ (4-6 weeks following implementation)

**Signatures:**

Student \*: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\* Signature as deemed appropriate.

Transition Planning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_