SHASTA HEAD START CHILD DEVELOPMENT, INC.

POSITIVE BEHAVIOR SUPPORT – PLAN OF ACTION

Child: _____ Age: _____ Date: _____

Center: _____ Teacher/H.V: _____

What Happens Before? Antecedents	Behaviors	What Happens After? From the Child's Perspective
Setting Event:	**Function:**	
Preventions	**Replacement Skills**	**New Responses**
		To Continued Challenging Behavior: **To New Skill/Desired Behavior:**

SHASTA HEAD START CHILD DEVELOPMENT, INC.

POSITIVE BEHAVIOR SUPPORT – PLAN OF ACTION

Child: _____ Age: _____ Date: _____

Center: _____ Teacher/HV: _____

PLAN OF ACTION

Additional Recommendations:	**Person Responsible**	Timeframe
Next Meeting:		

Additional Materials to Order:

Signatures:

Disabilities and Mental Health	Site Supervisor
Disabilities and Mental Health	Family Worker
Disabilities and Mental Health: Signatures/CP	Education Staff
Parent /Guardian Review date	Education Staff
Parent/Guardian Review date	Education Staff
	Education Staff