

Intervention Plan

Child's Name _____ DOB _____ Date _____

Child's Strengths:

Families Strengths:

Challenging Behavior:

Behavior 1:

Behavior 2:

Desired (replacement) behavior:

- 1.
- 2.

What is the positive message that the child is trying to communicate? (Are there missing skills or unmet needs?)

"I'm behaving like this because _____."

When does this concerning behavior occur?

Are there any recent changes in the child's life?

How often does the behavior occur?

How long does the behavior last?

Where does the behavior occur?

Who is present when the behavior occurs?

What happens prior to the behavior occurring?

What else is happening at the same time as the occurring behavior?

What happens after the behavior occurs?

Original: __ Child's File

Intervention Plan

Is there anything in the environment that is triggering the behavior?

What protective factor(s) need to be increased for this child? (Circle those that apply)

Initiative

Self-Control

Attachment/Relationships

ACTION PLAN

Who:

What:

When:

Date to review plan: _____

Are referrals being made to other supports at this time? Yes No

If yes, where is the referral being made? _____

Are you willing?

Signatures of plan participants (Your signature indicates your commitment to follow through on your part of this plan):

Original: __Child's File