**Student Behavior Plan (If Needed)**

Student’s Name:      Date of Birth:

Parent’s Name:       School:

Address:       Plan Developed:

Phone:       Date Plan Updated:

Disability – as decided by Section 504 Committee:

A. Behaviors to be addressed:

1.

2.

3.

B. Causes/Triggers for behaviors in school setting:

1.

2.

3.

C. Changes in school environment necessary to lessen behaviors:

|  |  |  |
| --- | --- | --- |
| Behavior 1.    Behavior 2.    Behavior 3. | Change      Change | Responsible Person(s)      Responsible Person(s) |

D. Steps to be followed by school staff to respond to behaviors

|  |  |  |
| --- | --- | --- |
| Behavior 1.    Behavior 2.    Behavior 3. | Steps | Responsible Person(s) |
|  |  |  |

Review Date:

Person responsible for disseminating this plan to staff members