Name: _____ Age:_____

Provider: _____

Author of Plan: _____ Date of Plan:_____

Summary/Background Information:

_____

_____

_____

_____

_____

Reinforcement: What does the child like?

_____

_____

_____

Child Strengths:

_____

_____

_____

Environment:

How is the current program space set up?

_____

_____

_____

_____

Are there designated areas throughout the program for structured and non-structured activities?

- ☐ Yes
- ☐ No

Are there any environmental triggers that you have noticed (ex: bright lights, loud noises, etc.):

- ☐ Yes
- ☐ No

If yes, please list triggers: _____

Recommended environmental accommodations:

_____

_____

_____

_____

Behavior Accommodations:

Behaviors of Concern:	Antecedents: What happens BEFORE?	Consequence: What happens immediately AFTER?	When? Is there a time of day behavior occurs more?	How often?

Behavior Accommodation Strategies:

Antecedent Strategies: What can be done to prevent the behavior?

_____

_____

_____

_____

Consequence Strategies: What can be done after desirable behavior occurs to strengthen the likelihood for positive behavior to occur again?

_____

_____

_____

_____

Staff Accommodations:

What trainings do current staff receive?:

_____

_____

_____

_____

Recommended additional staff trainings:

_____

_____

_____

_____

Supporting materials and reinforcements recommended for staff utilization:

_____

_____

_____

_____