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| Behaviour Support Plan  Pupil name: Class: Year Group: | |
| Date of birth: Medical conditions/needs:  Date plan starts: Staff working with the pupil:  Date of next review: | |
| **Challenging behaviour**  *What does it look like?*  *What triggers it?* | **Targets**  *What are we working towards?*  *How do we get there?* |
| **Strategies for positive behaviour**  *How do we maintain positive behaviour?*   * *Phrases to use* * *Rewards, motivators* * *Movement breaks* | **Early warning signs/ Pro-active responses**  *How do we prevent an incident?*   * *What to look out for* * *How to respond (reminders****,*** *alternative environment)* * *Distraction – what works?* * *What situations/times are likely to trigger a reaction?* |
| **Reactive strategies**  *How do we diffuse the situation?*   * *What to do and what not to do* * *Phrases to use* * *Calming techniques*   *At what stage should another member of staff be informed? Who should this be?* | **Support after an incident**  *How do we help the pupil reflect and learn from the incident?*  *Is there anything that staff can learn about working with this pupil?* |
| **Agreement:**  Parent name Staff name  Parent signature Staff signature  Date Date | |

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| **Behaviour Support Plan**  **Pupil name: Class: Year Group:** | | | | |
| **Skills and talents** | | | **Achievements** | |
| **Likes** | | | **Dislikes** | |
| **Log of incidents:** | | | | |
| **Date** | **Description of behaviour** | **Trigger for incident** | | **Action taken** |
|  |  |  | |  |
| **BSP evaluation and next steps:**  *How effective is the plan?*  *Record suggestions to be considered when this plan is reviewed.* | | | | |