

TEAM AGREEMENT OF BEHAVIOR TREATMENT PLAN

Name: _____ Date of Plan: _____

Residence: _____

Day/Work Program: _____

Plan Developed By: _____ Date: _____

APPROVAL SIGNATURES

I have read and approved the use of the attached behavior plan.

Responsible Person: _____ Date: _____

Support Coordinator: _____ Date: _____

Person Receiving Services: _____ Date: _____
(Applicable for adults who have court appointed guardian)

Residential Representative: _____ Date: _____

Day/Work Representative: _____ Date: _____

OTHER TEAM MEMBERS

Title	Signature	Date