

ACTION PLAN

Child Care Provider Name: _____

Action Plan must be completed in a meeting with the child's parent/guardian, primary teacher, director and/or owner, and agreed to by all participants. Action Plan may be combined with the Positive Behavior Support Plan (PBSP) that is created in collaboration with the Resource Consultant, parent/guardian, child's primary teacher, and the director and/or owner.

Name of Child: _____ Date: _____

Classroom: _____ Age: _____ D.O.B.: _____

Action Plan meeting participants:

Challenging behavior(s) identified:

Strategies to decrease challenging behaviors:

Time Frame and key milestones for implementation of strategies: _____

Date of next meeting (if needed): _____

SIGNATURES

Parent/Guardian: _____ Date: _____

Center Director/Owner: _____ Date: _____

Teacher: _____ Date: _____

FOLLOW-UP

Results of Strategies:

Date of next meeting (if needed): _____