

ACTION PLAN

Child Care Provider Name: _____

The Action Plan can be completed in a meeting with the AZ STEPS Resource Consultant, child's parent, primary teacher, director and/or owner, if deemed necessary by the Resource Consultant. The Action Plan may be edited during consultation and collaboration with the Resource Consultant.

Name of Child: _____ Date: _____

Classroom: _____ Age: _____ Date of Birth: _____

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): _____