

## Agreement of Behavior 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.**

Legal Guardian/Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

Person Receiving Services: \_\_\_\_\_ Date: \_\_\_\_\_

Support Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Plan Author(s): \_\_\_\_\_ Date: \_\_\_\_\_

Residential: \_\_\_\_\_ Date: \_\_\_\_\_

Day/Work: \_\_\_\_\_ Date: \_\_\_\_\_

BCBA/BHP: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Team Members

Name & Title	Signature	Date