

SOUTH SHORE REGIONAL SCHOOL BOARD

POSITIVE BEHAVIOUR SUPPORT PLAN

MEETING NOTES

Student's Name: _____	Date of Birth (D/M/Y): _____
School: _____	Grade: _____

Date of Meeting: _____
Persons Present: _____

1. Describe the behaviour(s): _____

2. What is the frequency of the behaviour? _____

How long does it last? _____

How intense is the behaviour? _____

3. What is happening in the environment/social when the behaviour occurs? _____

4. When/where is the behaviour most/least likely to occur? _____

5. With whom is the behaviour most/least likely to occur? _____

6. What conditions are the antecedents of the behaviour? _____

7. What are the warning signs that the behaviour is about to start? _____

8. What usually happens after the behaviour? (Describe the adult(s), peers, and student responses.) _____

9. What is the likely function (intent) of the behaviour; that is, why do you think the student behaves this way? (What does the student get or avoid?) _____

10. What would be a more appropriate replacement behaviour that would serve the same function? _____

11. What other information might contribute to creating an effective behaviour plan (e.g., under what conditions does the behaviour not occur?) _____

Principals Signature: _____

Date: _____