



ADAMSTOWN OOSH Inc.

Behavior Support Plan

Child Information

Name:	Date of Birth:
Parent or Guardian:	Team Contact:
Home Address:	OOSH Service Address:
Phone:	1A Bryant Street, Adamstown 0429 966 674

Team Members

Relevant History: (e.g., social factors, health conditions, medications, previous treatments):

List persons to be involved in the program planning	Their Role	Their relationships to the child
1.		
2.		
3.		
4.		
5.		
6.		
7.		



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1. Description of the Behaviour of Concern:

Where and when does the behaviour occur? Are there any triggers?

2. The Function of the Behaviour:

Why does the behaviour occur? What is the child's motivation for the behaviour? List the any assessments conducted, and the general conclusions (i.e., what is motivating this behaviour)

3. Previous Behaviour Management Strategies:

What interventions have been tried? What has worked in the past?

4. Child's Strengths:

What are the child's interests, strengths, protective factors? What helps them succeed?

5. Setting Behaviour Goals:

What more appropriate behaviour(s) should the child learn to replace the current inappropriate behaviour(s)?



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6. Prevention Strategies – restructuring antecedents:

Are short-term prevention procedures needed? Be sure to include who is responsible for each procedure.

At the Centre:

At Home:

Restrictive practices are not used except where immediately necessary to prevent harm. Only the least restrictive response will be used, and parents will be notified. Incidents will be documented and reviewed afterwards.

7. Response Strategies:

If problem behaviour occurs again, what will the response be?

At the Centre:

At Home:

Crisis Plan (if needed):



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8. Risk Assessment:

Risks to the child

Risks to other children

Risks to staff

9. Description of Success:

What criteria will be used to evaluate progress? What data will be collected? How will it be recorded, and by whom?

10. Follow- up activities:

When will this plan be implemented? If further instruction of staff is needed, when will it occur?

11. Communication Regarding the Plan:

How will this plan be communicated to all who need to know?



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12. Monitoring the Child's Progress:

Who is responsible to ensure the above items are in place/completed? When will the team review the plan?

Authorisation

The Behaviour Support Plan has been developed with my knowledge and input and the plan will be monitored and reviewed in accordance with Adamstown OOSH Inc. policies and procedures and legislative standards. The Behaviour Support Plan will be communicated with all staff and will be displayed in the Adamstown OOSH Inc. Staff room and if relevant in food preparation areas. This document is confidential and will only be shared with educators who require the information to support the child.

I consent to Adamstown OOSH collecting and using this information to support my child's participation at the service.

Centre Coordinator Name _____ Signature _____ Date _____

Parent/Guardian Name _____ Signature _____ Date _____

Date Developed:		Date Implemented:	
Review Date:	Next Review:	Reason for Review:	



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Staff Name	I have read behaviour guidance policy	I am informed about child's individual Behaviour support plan	I know the location of the individual behaviour support Plan	Date & Staff Signature