**Behaviour Support Plan**

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| --- | --- | --- |
| **Childs name:** | **Date of plan:** | **Review date:** |
| **Behaviour to reduce:** |  |
| **Prevention**Staff will: | **If an incident occurs**Staff will: |
|  |  |
| **Parents views/comments:** | **Date plan agreed:****Signature of practitioner:****Signature of parent/carer:** |