

**Positive Behaviour Management Plan**

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| **Name:** | **DOB:** | **Date of plan:** | **Version of plan:** | **Review Date:** |

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| **Photo** | **Brief description of difficult/dangerous behaviours:**  **Differentiated measures to respond to these behaviours:** |

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| **Pro social / positive behaviours you will see:** | **What you will say and do:** |
| **Anxiety / DIFFICULT behaviours you will see:** | **What you will say and do:** |
| **Crisis / DANGEROUS behaviours you will see:** | **What you will say and do:** |
| **Post incident recovery and debrief measures:** | |

**Signature of Plan Co-ordinator………………………………… Date ……………….**

**Signature of Parent / Carer……………………………………… Date ………………**

**Signature of Young Person (if appropriate)………………………………………Date……………….**