



MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF SPECIAL EDUCATION
PROGRAM PERFORMANCE PLAN
EMOTIONAL/BEHAVIORAL DISABILITIES PROGRAMS
BEHAVIOR MANAGEMENT TEACHERS
_____ - 20 ____

SCHOOL NAME: _____ MAIL CODE#: _____

LONG-TERM GOALS	SHORT-TERM OBJECTIVES	PROGRAMMATIC ACTIVITIES	EVALUATION PROCEDURE/CRITERIA
I.			
II.			
III.			
IV.			

SIGNATURES:

SCHOOL ADMINISTRATOR: _____ TEACHER: _____
PROGRAM BMT: _____ PARAPROFESSIONAL: _____
CLINICIAN: _____ PARAPROFESSIONAL: _____
TEACHER: _____ PARAPROFESSIONAL: _____
TEACHER: _____ OTHER: _____