

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Positive Behavior Support Plan for Prekindergarten Students



Student Name: _____ **ID No.:** _____ **Date:** _____

School: _____ **Teacher:** _____ **Exceptionality:** _____

Please check one or two appropriate intervention(s) in each of the three categories below. Assure that the chosen interventions match the function of the problem behavior.

Proactive/Prevention	
<i>Environmental adjustments to make the problem behavior unnecessary</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> P-1: Proximity to child <input type="checkbox"/> P-2: Clearly defined personal space <input type="checkbox"/> P-3: Individual daily routine schedule <input type="checkbox"/> P-4: Establish teacher/parent communication system ("I noticed") <input type="checkbox"/> P-5: Frequent monitoring and re-direction by teacher <input type="checkbox"/> P-6: Establish a personal connection with student (greeting apron) <input type="checkbox"/> P-7: Environmental supports (timer) <input type="checkbox"/> P-8: Visual strategies supporting receptive and expressive communication (pictures, voice output) <input type="checkbox"/> P-9: Strategies for transitions (bell, song, picture schedule) <input type="checkbox"/> P-10: Adult interaction style (joint attention, proximity) <input type="checkbox"/> P-11: Curriculum adaptations (manipulatives, frequent breaks) <input type="checkbox"/> P-12: Visual support for how to complete task/activity (task analysis cards) <input type="checkbox"/> P-13: First/then board 	<ul style="list-style-type: none"> <input type="checkbox"/> P-14: Mini-schedule for difficult times <input type="checkbox"/> P-15: Follow-up to ensure student understanding of task/request <input type="checkbox"/> P-16: Increase frequency of task-related recognition <input type="checkbox"/> P-17: Allow student to use "safe place" <input type="checkbox"/> P-18: Identify appropriate settings for behavior(s) <input type="checkbox"/> P-19: Provide choices <input type="checkbox"/> P-20: Limit choices <input type="checkbox"/> P-21: Environmental changes (lighting, furniture, sound sources) <input type="checkbox"/> P-22: Practice "I Love You Rituals" throughout the day <input type="checkbox"/> P-23: Structure the sequence of materials for tasks/activities. <input type="checkbox"/> P-24: Allow time for breaks and the Safe Place. <input type="checkbox"/> P-25: Make verbal directions/commands understandable to the child using visuals <input type="checkbox"/> P-26: Other:
Educative/Replacement	
<i>Teach behavior/skills needed to replace (meet the same function as) the student's problem behavior</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> E-1: Teach rules/expectations prior to activity <input type="checkbox"/> E-2: "Getting Your Friend's Attention" <input type="checkbox"/> E-3: PURE technique <input type="checkbox"/> E-4: Independent work system <input type="checkbox"/> E-5: Teach child to follow directions <input type="checkbox"/> E-6: Teach coping skills (breathing exercises, "Help Me Relax") <input type="checkbox"/> E-7: Alternative behavior for sensory feedback <input type="checkbox"/> E-8: Use of relaxation techniques <input type="checkbox"/> E-9: Teach positive self-talk 	<ul style="list-style-type: none"> <input type="checkbox"/> E-10: Use student's personal interests to increase motivation <input type="checkbox"/> E-11: Teach anger management/problem-solving skills ("When I Get Angry" board) <input type="checkbox"/> E-12: Teach behavioral self-control <input type="checkbox"/> E-13: Social Stories <input type="checkbox"/> E-14: High Scope Approach to Conflict Resolution <input type="checkbox"/> E-15: Teach Social Skills <input type="checkbox"/> E-16: Manage individual schedule (picture, words, agenda, checklist) <input type="checkbox"/> E-17: Other:
Functional/Consequences	
Consequences to Increase Desired Behavior	Consequences to Decrease Undesirable Behavior
<ul style="list-style-type: none"> <input type="checkbox"/> F-1: Personally greet the student upon arrival (greeting apron) <input type="checkbox"/> F-2: Spend individual time with the student <input type="checkbox"/> F-3: Increase frequency of positive reinforcement ("I noticed") <input type="checkbox"/> F-4: Use tangible and/or non-tangible rewards <input type="checkbox"/> F-5: Reward competing behaviors <input type="checkbox"/> F-6: Acknowledge use of replacement behaviors <input type="checkbox"/> F-7: Establish logical sequences and inform students in advance <input type="checkbox"/> F-8: Give encouragement for effort to display appropriate behavior <input type="checkbox"/> F-9: Use classroom reinforcers for individual accomplishments <input type="checkbox"/> F-10: Share news of student effort/success ("I noticed") with Parents <input type="checkbox"/> F-11: Use preferred activity/material/toy as a reinforcer <input type="checkbox"/> F-12: Other 	<ul style="list-style-type: none"> <input type="checkbox"/> F-1: Ignore undesirable behaviors <input type="checkbox"/> F-2: Use interrupt and redirect <input type="checkbox"/> F-3: Use natural and logical consequences <input type="checkbox"/> F-4: Response cost or take away a reinforcer <input type="checkbox"/> F-5: Other:

Student Name: _____

ID No.: _____



Please describe intervention details below:

A series of 22 horizontal lines providing space for describing intervention details.

Student Name: _____

ID No.: _____

Crisis Management:

Are there crisis management procedures needed to ensure safety and de-escalation of the student's behavior?
 Yes No

If so, describe strategies:

Training and Resources:

What training and/or resources are needed to implement the plan? How will they be obtained?

Monitoring:

Who will be responsible for monitoring progress? _____
How frequently will monitoring take place? Daily _____ Weekly _____ Monthly _____
How will implementation and outcomes be evaluated?

Initiation Date: _____ **Anticipated Duration:** _____

Signature of Team Members:

_____	_____
_____	_____
_____	_____
_____	_____

Student Name: _____

ID No.: _____

Revisions to Positive Behavior Support Plan:

DATE: _____

DESCRIPTION OF REVISIONS: _____

SIGNATURE OF TEAM MEMBERS:

DATE: _____

DESCRIPTION OF REVISIONS: _____

SIGNATURE OF TEAM MEMBERS:

DATE: _____

DESCRIPTION OF REVISIONS: _____

SIGNATURE OF TEAM MEMBERS:
