Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Staff/Classroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of the Multidisciplinary Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Refer to the Classroom Management Protocol to ensure that Tier 1 services are in place and refer to Tier 2 services for next steps.

Strengths of this child:

Define the behavior: Use clear, objective wording (just what you see/hear). Avoid guessing WHY at this point.

Gather Information: What other information will you collect or have in your possession to review for this child?

**Potential Stressor:** *dig deep, get specific, FEEL, maybe describe the stressor in child language*

**Reframe:** *how do you see/understand/wonder about this child’s behavior differently now?*

|  |  |  |
| --- | --- | --- |
| **Co-Regulate***How might you notice your own experience during the stressful time?* | **Stress Mitigation***How might you reduce intensity, duration or frequency of the stressor?**How might we meet the unmet needs?* | **Resource***What can WE do to meet the child’s needs?* |
|  |  |  |

Develop Goals:

1. What is the long term goal for this child?
2. What are 2-4 short term objectives for this child that will help him/her make progress toward the long term goal?

Follow up (a new behavior needs to be taught when taking away a learned behavior)

1. Replacement behaviors
2. What will be done when a child uses a replacement behavior?
3. What will be done when a child continues to use negative behavior?

Evaluate Effectiveness:

1. How will progress be documented and communicated between school and home?
2. When will the team meet to review progress and make changes if necessary?

Safety Plan

1. Staff’s response
2. Staff #1:
3. Staff #2:
4. Staff #3:
5. Parent Notification
* Adult with Child
* Adult(s) with other children
* Alternate activities with other children
* Safety mat to ensure safety of staff and child
* Signal to bring children back together
* People notified
* Additional staff training

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Parent Signature Date

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Teacher Signature Date

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Coordinator Signature Date

7/20 (Rev. 7/18)Original: Teacher, Copy: Parent, CCSC & Manager, attach to ChildPlus P/headstart/coaching/csplan