

PARENT PARTNERSHIP PROJECT

Positive Behaviour Support Plan (PBSP)

Persons with Developmental Disabilities (PDD) Program

Contract Period:

Plan Start Date:

Plan End Date:

Individual's Full Name			Date of Birth	PDD File #	FSCD File #
Address		City	Province	Postal Code	Home Phone
					Cell Phone
Parent / Guardian Name		Relationship	Phone	Email	
Caseworker / DS Staff	Phone	Email	Region		
Behaviour Consultant / Qualified Person	Agency / Organization	Phone	Email		

Behaviours of Concern

Behaviour Label	Operational Definition	Function	Baseline Frequency

Risk Assessment & FBA Summary

Risk Level (Low/Med/High):	Date of Risk Assessment:	Risk Mgmt Plan on file Y/N:	Completed by:
FBA Completed by:	Date of FBA:	Hypothesis (brief):	

Individual Strengths & Preferences	Service Priorities	Meeting Notes
Individual's Strengths:	Priority Areas:	
Support Network Strengths:		

Behaviour Goal #1: Write goal here · e.g. Individual will increase use of functionally equivalent replacement behaviours to communicate needs.

Objectives	Strategies (Green/Amber/Red/Blue)	Person Responsible	Outcomes
1.	•		Baseline (Date:)
2.	•		Q1 (Date:)
3.	•		Q2 (Date:)
			Q3 (Date:)
			Final Update (Date:)

Behaviour Goal #2: Write goal here · e.g. Individual will demonstrate reduced frequency of behaviour of concern through proactive strategies.

Objectives	Strategies (Green/Amber/Red/Blue)	Person Responsible	Outcomes
1.	•		Baseline (Date:)
2.	•		Q1 (Date:)
3.	•		Q2 (Date:)
			Q3 (Date:)
			Final Update (Date:)

Behaviour Goal #3: Write goal here · e.g. Individual will develop emotional regulation skills and use alternative coping strategies.

Objectives	Strategies (Green/Amber/Red/Blue)	Person Responsible	Outcomes
1.	•		Baseline (Date:)
2.	•		Q1 (Date:)
3.	•		Q2 (Date:)
			Q3 (Date:)
			Final Update (Date:)

Behaviour Goal #4: Write goal here · e.g. Individual will generalize replacement behaviours across all settings and support persons.

Objectives	Strategies (Green/Amber/Red/Blue)	Person Responsible	Outcomes
1.	•		Baseline (Date:)
2.	•		
			Q1 (Date:)
3.	•		
			Q2 (Date:)
			Q3 (Date:)
			Final Update (Date:)

Team Member Signatures

By signing below, all team members confirm they have reviewed and agree to this Positive Behaviour Support Plan at each review period.

Name / Role	Proposed PBSP (Date:)	Q1 (Date:)	Q2 (Date:)	Q3 (Date:)	Final Review (Date:)
Individual / Participant					
Parent / Guardian					
Behaviour Consultant					
Service Provider / Agency					
Caseworker / DS Staff					